

Vendor Application

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Ownei	r				
Addre	ess				
City		State	_ Zip		_
Phone	2				
Email_				_	
Have y	you been a vendor with the City of Cl	linton in the	past?		
Please Park.	e provide a brief description of the fo	od items yo	u wish to sell i	f located at the Fire	ehouse Food
What a	are the dimensions of your food truc	ck or trailer (length, depth,	height)?	
	e include the following items with you	ur applicatio	n:		
	Food truck photos Menu photo with pricing				
	Current ServSafe Certification and/	or MSDH Pe	ermit to Opera	te	
	read through the food vendor lease at the Park, that I will adhere to and	_			
Signature		Date:			

Clinton Parks and Recreation Department* P. O. Box 156 * Clinton, MS 39060 * (601) 924-6082