GASTON COLLEGE

Food Vendor Application

Name of Food Vendor: _____

Address: _____

Contact Person: _____

Contact Email: _____

Phone Number: _____

Type of Food Offered (Check All That Apply):

- ☐ Coffee/Donut
- ☐ Pizza
- ☐ Latin/Mexican
- ☐ Burgers
- ☐ Cajun
- ☐ Other: _____

County of Operation: _____

Food Vendor or Vendor Permit #: _____

County Health Inspection Grade: _____ (A copy of your health inspection grade card and a PDF menu with prices must accompany your application).

Preferred Months of Operation (check all that apply):

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Preferred day of the week or other notes about availability:

Preferred Campus(es):

☐ Dallas ☐ Lincoln ☐ Kimbrell

Certificate of Insurance (Gaston College listed as Additional Insured): ☐ Attached

By signing below, the Vendor affirms that they have read, understand, and agree to Gaston College's Food Vendor Guidelines.

Signature: _____

Date: _____

Effective: 8/1/25
Supersedes: First Issue