

City of Madison

APPLICATION FOR SOUTHEAST CAMPUS VENDING AREA

(Pursuant to Madison General Ordinance, Section 9.13)

Fee: \$50

License No./Date Issued		
Name of Corporation or Limited Liability Company:		
Name of Registered Agent:		
<small>Signature</small>		<small>Date</small>
Primary Vendor's Name (Last, First, M.I.)		Site Assignment
Street Address		
City	State	ZIP
Phone No.	Birth Date	
Driver's License No.	License Plate No.	
City of Madison Street Vendor License No. (Every vendor selling on public property must have this license.)		First Year Licensed as Street Vendor
Wisconsin State Seller's Permit No. (Required for License)		
Email Address		
\$1,000,000 Comprehensive General Liability Insurance, including Contractual Liability, is required. Certificate shall provide 30 days written notice to the City upon cancellation. The insurance certificate must name City of Madison as Additional Insured and bear the stamp of approval of the City of Madison Risk Manager before this license may be applied for. Please write your name on your insurance certificate for identification purposes.		
Name of Insurance Carrier		
Policy No.	Insurance Expiration Date	

I have read and agree to abide by the provisions in Madison General Ordinance, Section 9.13.

Signed

Date

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

High Density License No.	License Expiration Date
Fee Paid (Amount & Date)	Temporary Restaurant License No(s).

Vending Coordinator

Date

White – OBR

Yellow - Applicant