

CITY OF MADISON STREET VENDOR LICENSE APPLICATION

Check the appropriate box and complete application. License No. _____

MONTHLY

 ANNUAL (Expires April 14)

Name of Vendor	
Street Address	
City/State/Zip	Phone
Date of Birth	Driver's License/State ID#
License Plate Number	Wisconsin Seller's Permit Number
Insurance Carrier (Insurance policies must name City of Madison as additional insured)	Expiration Date
<u>Business</u> Phone #	Email
Brief description of food, goods or services to be offered for sale	

I understand that prior to issuance of said license by the City Clerk, applicant must provide proof of the Wisconsin State Seller's Permit. (For further information, please contact the Wisconsin Department of Revenue at 608-266-2776).

I understand that prior to issuance of said license by the City Clerk, proof of adequate liability insurance must be provided and approved by the City Risk Manager. The minimum required is \$1,000,000 Comprehensive General Liability Insurance (including contractual liability) with the City of Madison being named as an additional insured. Certificate shall provide 30 days written notice to the City upon cancellation. (For further information, please contact the City Risk Manager at 608-266-5965).

I have been provided a copy of Madison General Ordinance, Section 9.13 and agree to abide by the provisions.

I certify that the above information is accurate and true to the best of my knowledge.

Signature of Applicant Date

Signature of Street Vending Coordinator

Date

White Copy – OBR

Yellow Copy – Vendor