

Mall/Concourse Arts & Crafts Vendor License Application

All products must be handcrafted by those who sell them

For Year: April 15, _____ to April 14, _____.

Applying for: (check one) **Make checks payable to: City Treasurer**
Annual (\$500) _____

City Use Only: License Number Assigned/Date
Monthly (\$150) _____

Saturday Morning on the Capitol Square Regular Site - Additional \$150

Site Number _____ Paid _____

Regular Site - Daily on State Street

Site Number _____ Paid _____

Up to two individuals may be listed on one vending license, providing that those two people are regularly involved in the production of sales items. Recent photos of each vendor will be affixed to the license. Photos must be provided by the vendor. At least one of the people listed must be present at the site at all times during operation. Correspondence will be sent to the first individual listed.

Vendor Names (Each individual vendor must be named below and on license.)

Name Of Corporation Or Limited Liability Company: _____

Name Of Registered Agent: _____
Signature _____ Date _____

Vendor Name

1. _____ 2. _____

Street Address

1. _____ 2. _____

City, State, Zip

1. _____ 2. _____

Telephone Number

1. _____ 2. _____

Driver's License Number

1. _____ 2. _____

License Plate Number

1. _____ 2. _____

Date of Birth

1. _____ 2. _____

Madison Street Vendor License Number (Required of each vendor on license)

1. _____ 2. _____

Wisconsin State Seller's Permit Number (Required for license) _____

Email Address _____

Premises and Product Liability Insurance (Required): Minimum of \$1,000,000 general liability. **The insurance certificate must name City of Madison as Additional Insured.** Please write your name on the certificate for identification purposes.

Name of Insurance Carrier _____

Policy Number _____ Insurance Expiration Date _____

Handcrafted Items (Describe below all of the items you will be selling.)

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

1. _____ 2. _____
Vendor signature(s) and Date Vendor signature(s) and Date

Street Vending Coordinator _____ Date _____

