High Density Vending License Application

(Pursuant to Madison General Ordinance, Section 9.13)

Check One: ☐ **Camp Randall High Density** (U.W. Football Season Only) ☐ **Langdon Street High Density** ☐ Annual ☐ Monthly

Name of Corporation or Limited Liability Company:		
Name of Registered Agent: Signature Date		
Primary Vendor's Name (Last, First, M.I.)		Site
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 at a High Density vending site must have this license.)		
Wisconsin State Seller's Permit No. (Required for License)		
$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	
For Langdon Street High Density Applicant - Indicate months requested:		

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 _____