

City of Madison

LATE NIGHT VENDING LICENSE APPLICATION

(Pursuant to Madison General Ordinance, Section 9.13(6)(n))

Fees: Large Carts \$750

License No./Date Issued			
Name of Applicant/Vendor (if Corporation, LLC, etc. please list full legal business name here):			
Name of Registered Agent:			
		<small>Signature</small>	<small>Date</small>
Primary Vendor's Name (First, Last, M.I.)		Site Requests (In order of Preference)	
Street Address		_____	
City/State/Zip		_____	
Phone No.	Birth Date	Site Assignment:	
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 Late Night Vendor	
Wisconsin State Seller's Permit No. (Required for License)		Email Address	
<p>Comprehensive General Liability policy, including Contractual Liability, with a minimum limit of \$1,000,000 is required. Certificate shall provide 30 days written notice to the City upon cancellation, non-renewal, or material change. The insurance certificate must name City of Madison, its employees and agents as Additional Insureds. Certificate must be approved by the City of Madison Risk Manager before this license may be issued.</p>			
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. Pursuant to Sec. 9.13(6)(m), I agree to indemnify, defend, and hold the City, its employees and agents harmless against all claims, liability, loss, damage, or expense incurred by the City as the result of any injury to or death of any person or damage to property caused by or resulting from the activities for which the license is granted.

Signed

Date

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

High Density License No.	License Expiration Date
Fee Paid (Amount & Date)	Mobile Food Establishment License No(s).

Vending Coordinator

Date