

Mobile Food Vendor/Special Event Merchant Application
_____ Mobile Vendor _____ Special Event Merchant

PERSON COMPLETING APPLICATION:

Applicant Name: _____ Gov't Issued I.D. #: _____

Applicant Phone Number (Cell/Home): _____

BUSINESS:

Business Name (as it will appear on license): _____

Permanent Business Address: _____

Business Phone/Cell Phone: _____

SD Sales Tax Number: _____ (verified prior to license being issued)

Kinds of goods, wares, services, or merchandise to be sold.

Location/Siting of the Mobile Unit

Size and Type of the Mobile Unit:

Dates that applicant will be working in this jurisdiction

_____ through _____

SEE REVERSE SIDE

Attachments required prior to submittal:

- Copy of South Dakota Sales Tax License
- Certificate of Liability Insurance
- Copy of the permit issued by the State Dept. of Health for food related establishments
- Application/License Fee - **\$20.00/week Mobile Vendors; \$25.00 Special Event Merchant (less than 7 days); Fee waived for current Chamber of Commerce businesses/Schools and school-related fundraisers/Churches and church-related fundraisers**

Application made on this _____ day of _____, 20_____.

X _____

Applicant's Signature

I hereby certify that the business listed above is operated in compliance with all applicable requirements of the City Ordinance and State Law. I acknowledge this application is subject to all the terms and conditions for vending in the City, including those imposed by the decision making body as they relate to the Mobile Food Vending License. I understand that any false statements or omissions may result in revocation of this license and may jeopardize the approval of future licenses. I further acknowledge and agree to fully comply with the regulations set for the City of Clear Lake.

OFFICIAL USE ONLY BELOW THIS LINE:

[] Application Fee Paid DATE: _____

Check

Card

Cash

Approved by the City of Clear Lake Finance Officer: _____

Date: _____

Approved by City Council, Mayor signature: _____

Date: _____