



# VENDING PERSON PERMIT APPLICATION

If the applicant is not a natural person (for example, a partnership, an LLC, or a corporation, or represents another), please complete the addendum.

### Applicant Name

Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Iowa Sales Tax No. (required if approved, prior to issuance of permit)

Yes No

Have you held a vending person permit before?

Requested location(s) of operation and hours:

These items must be submitted with your application prior to approval of the permit:

Attach a brief description of the activity to be permitted, including the nature of the applicant’s business and the goods or services to be offered.

Attach a copy of applicant’s government issued photo ID and/or driver’s license. If driving is required for operating under this permit, then a valid driver’s license will be required.

Attach a typed description of any and all vehicles, including license plate numbers to be used.

Provide along with this application a certificate of insurance as required by the Administrative Policy Governing Vendors.

Applicant acknowledges if Vendor is selling food or drinks, the Iowa Department of Inspections and Appeals has been contacted and the Vendor has met all other applicable State of Iowa requirements. Applicant acknowledges that it must comply

## For Office Use Only

### Documents Received

Date: \_\_\_\_\_  
\_\_\_ Completed Application  
\_\_\_ State Food Permit

### Fees

Fee Amount \$50  
Date Fee Paid \_\_\_\_\_

### Insurance

\_\_\_ Received \_\_\_\_\_  
\_\_\_ Approved \_\_\_\_\_

### Follow Up

\_\_\_ Location discussed with City Manager  
\_\_\_ Application approved by City Manager (new license only)  
\_\_\_ Clerk Permits database updated (on G:)  
\_\_\_ License prepared  
\_\_\_ License copied and mailed  
\_\_\_ Insurance database updated (on S:)  
\_\_\_ Application filed

Permit Number \_\_\_\_\_

### Application Denial Reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City Manager

\_\_\_\_\_  
Date

with all applicable Federal and State laws and City ordinances, including reporting of sales taxes.

The applicant agrees that each Vendor assumes full responsibility for any injury to persons or property resulting from the display, sale, exchange, or use of Vendor's food, drink, merchandise, vehicles, equipment, or other property; or of the assigned ground space occupied by Vendor and/or Vendor's employees or agents. Vendor further agrees to indemnify the City of Ames from all liabilities, claims, and damages, and to hold them free and harmless and to defend them at Vendor's sole expense, against all such liabilities, claims, and damages.

If the applicant is not an individual, the person signing this application acknowledges that he or she has the authority to act on behalf of the group that is requesting the permit.

Applicant's Signature

Date

Please return completed application to:

[rknutsen@city.ames.ia.us](mailto:rknutsen@city.ames.ia.us)

City Clerk's Office

City of Ames

PO Box 811

Ames, IA 50010

Any questions can be directed to the City Clerk's office at 515-239-5105

## **APPEAL RIGHTS**

Any party aggrieved by the City Manager's or designee's decision to grant or deny a permit under this Chapter may appeal the determination to the City Council if, within twenty (20) working days after the decision, the party files a written notice of appeal with the City Clerk. In such event, a hearing shall be held by the City Council no later than the next regularly scheduled meeting, assuming the appeal is filed in time to allow notice of said appeal in accordance with Chapter 21 of the Iowa Code.