



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: grace.bandstra@cityofames.org

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.