



**PARK VENDOR LICENSE APPLICATION
CITY OF OWOSSO
301 W MAIN STREET
OWOSSO, MI 48867
989-725-0535**

APPLICATION FEE \$100.00

**VENDOR LICENSES ARE VALID FROM APRIL 1 TO OCTOBER 1 OF EACH
CALENDAR YEAR IN WHICH IT IS ISSUED**

APPLICANT INFORMATION

- **Name:** _____
- **Address:** _____
- **City, State, Zip:** _____
- **Business Address:** _____
- **City, State, Zip:** _____
- **Phone:** _____
- **E-mail:** _____
- **Driver's License No:** _____
- **Employees Names:** _____

➤ **DESCRIPTION OF BUSINESS:** _____

➤ **LIST OF FOOD AND BEVERAGE PRODUCTS:** _____

➤ **PROPOSED PARK OF OPERATION:**

➤ **DATES AND TIMES OF VENDING:**

DATE:	START TIME:	ENDING TIME:
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DATE:	START TIME:	ENDING TIME:
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DATE:	START TIME:	ENDING TIME:
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➤ **State of Michigan Sales Tax Number or Exemption Certificate:**

➤ **Current Health Department Food License:**

➤ **Proof of Insurance:**

➤ **Description of type and number of vehicles, equipment and/or structures which will be used within the park for vending:**

Have you ever had any licenses required by this City or any other State or municipal authority revoked, suspended, or denied within three (3) years immediately prior to the date of this application?

YES

NO

If yes, state the circumstances of any such revocation, suspension or denial:

- I, the Applicant, acknowledge that all of the above information is true and correct to the best of my knowledge.
 - I have read and agree to comply with the rules and regulations stipulated by the City of Owosso Parks Rules and Regulations and in Chapter 21 Parks and Recreation of the Owosso Code of Ordinances.
 - I will properly remove of and dispose of any waste, rubbish or debris that may be associated with the food and/or beverage sales.
 - I understand the sale or consumption of alcohol on park grounds is strictly prohibited.
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- I agree to hold harmless the City of Owosso, its agents, employees and associates now and forever for any damages, injuries or loss, personal or property, which may result due to the business related activities in the park.
 - I acknowledge that I am at least eighteen (18) years of age
 - I as the proprietor of the food vending cart/truck take full responsibility for myself and my employees at said location
 - I understand it is my responsibility to make certain my business operations conform with all State and County Food Service Codes and requirements
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APPLICANT SIGNATURE

DATE

- I hereby authorize the City of Owosso Police Department to conduct a criminal background investigation of my person as part of my application for a Park Vendor Permit.
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PRINTED NAME

SIGNATURE

FOR OFFICE USE ONLY:

Date received:		Amount paid:	
Approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Permit Number:			
Approved by:			
