

TOWN OF JAMESTOWN

ONE-DAY VENDOR/PEDDLER LICENSE

Please submit the following

- MFE PERMIT/LICENSE OR N/A Application Fee of \$5.00
 \$2,000,000 Certificate of Insurance

Please complete the following information:

Event Name/Sub Applicant of:		
Date of Event:	Between the hours of:	
Event Location:		
Location and number of health and sanitation facilities:		
Items/Products to be sold:		
1. TYPE: Indicate the type of operation that best describes your mobile food establishment.		
<i>Please check only one box:</i>		
<input type="checkbox"/> Hot Dog Cart <input type="checkbox"/> Lemonade/Ice Cream Truck <input type="checkbox"/> Non-Self-Propelled Cart/Trailer/Bicycle <input type="checkbox"/> Other (Please describe): _____		
2. BUSINESS INFORMATION		
Ownership Type <i>Please check only one box:</i>		
<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Limited Partnership		
Social Security Number (or FEIN for Business):		
Ownership Name <i>(Individual or organization who currently owns the business):</i>		
Entity Name:	DBA: (Doing Business As) <i>(if different)</i>	
Address:		
City:	State:	Zip Code:
Email Address:	Phone Number:	
Website Address:	Social Media:	
Manager in Charge <i>(if different than owner):</i>		
Name:		
Address:		
City:	State:	Zip Code:
Email Address:	Phone Number:	
3. MOBILE FOOD ESTABLISHMENT INFORMATION:		
Name of Mobile Food Establishment/Cart <i>(if different from Entity name or DBA):</i>		
<i>(Provide the address where MFE is located when not operating):</i>		
Address:		
City:	State:	Zip Code:
DMV License Plate Number of Cart/Trailer:		
VIN Number:		

Applicant's Signature: _____

All applicants must submit a liability insurance policy with coverage in the amount of \$2,000,000 (two million dollars) when using Town-owned property, naming the Town of Jamestown as an additional Certificate Holder.

All licenses are issued subject to the resolution of debts, taxes and appropriate signatures

For Office Use Only

For Approval: Please sign & date

Department	Date
Town Administrator:	
Chief of Police:	
Fire Chief:	
Zoning Official:	
Director of Parks & Recreation:	
Director of Public Works:	
Water & Sewer Clerk	
Tax Collector	

This application has been **GRANTED/DENIED** by the Jamestown Town Council at a meeting held on the ___day of _____, 20___ for the event scheduled for: (date) _____ (time) _____ with a location of _____.

Issued: _____

Roberta J. Fagan, Town Clerk

Please keep this license on hand for the day of the event.