



# APPLICATION CITY OF VERMILLION, SOUTH DAKOTA MOBILE FOOD VENDOR LICENSE

25 Center Street, Vermillion, SD 57069, phone 605-677-7056, fax 605-677-5461

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

Local Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_ Cell Telephone Number \_\_\_\_\_

(Attach copy of License)

South Dakota Sales and/or Contractors Excise No. \_\_\_\_\_ Company Federal I.D. Number \_\_\_\_\_

Sales location(s) in Vermillion? (Note, need approval of City Manager): \_\_\_\_\_

If locating in front of or within 50 feet adjacent to any non-mobile food business or open business, attach written proof of the non-mobile food business or open business owner's permission.

Merchandise Sold: \_\_\_\_\_

(Statement of the nature of the merchandise to be sold or offered for sale)

Sales to Begin \_\_\_\_\_, 20\_\_ With Sales to End on \_\_\_\_\_, 20\_\_

Type of Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN#: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_

Please attach South Dakota Sales tax license, SD Health license for food service establishment, SD Health mobile unit license, Certificate of Insurance naming the city as additional insured minimum liability coverage of \$1,000,000.

The facts set forth above in my application for Registration Permit for Mobile Food Vendor are true and complete. I understand any false statements and/or omissions shall be considered sufficient cause for denial and/or revocation. To the fullest extent permitted by laws and regulations, Applicant shall indemnify and hold harmless the City of Vermillion and its officers, employees and agents from and against all claims, suits, damages, costs, demands, losses and expenses, direct, indirect or consequential (including but not limited to fees and charges of attorneys and other professionals and court and arbitration costs) arising out of or resulting from the performance under this registration permit. The Applicant is entirely and solely responsible for all acts while engaged in the operation of mobile food vendor within the City of Vermillion and agrees to comply with all City Ordinances.

**You should not, in any way, interpret this registration permit to mean that the City of Vermillion, or any department, officer or employee thereof, endorses the applicant, the company, or the product being sold.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

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**FOR OFFICE USE ONLY**

Location(s) approved by the City Manager or his assigned designee.

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

| <b>PAID</b>             | <b>REGISTRATION PERMIT FEE</b> | <b>ATTACHMENTS RECEIVED</b>   |
|-------------------------|--------------------------------|---|
| _____                   | Monthly \$35.00                | _____ South Dakota Sales Tax<br>_____ SD Department of Health license for service establishment<br>_____ SD Department of Health mobile unit license<br>_____ Certificate of insurance naming the Vermillion as additional insured<br>_____ Written permission if location is in front or within 50 feet adjacent to any non-mobile food business or open |
| food                    |                                |   |
| City of                 |                                |   |
| of                      |                                |   |
| business                |                                |   |
| Registration Permit No. | _____                          | _____<br>City Finance Officer   |