

Insurance Coverage:

Insurance Carrier:

Insurance Agent Name and Phone Number:

Policy Number:

Policy Period:

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify, defend and hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

CBD STREET VENDOR CHECKLIST

Have you provided:

If you are a Food Vendor: a copy of a valid Mobile Food Service license issued by the Appleton Department of Health

If you are an Amenity Strip Unit: the specific address where you wish to locate your unit

Have you read the CBD Street Vendor Ordinances?

Find them at: [http://www.appleton.org/municipal code/](http://www.appleton.org/municipal_code/)