

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/)



"meeting community needsenhancing quality of life"

STREET OCCUPANCY PERMIT/ LICENSE APPLICATION for CBD STREET VENDORS

FEES ARE NON-REFUNDABLE Date Recv'd ___/___/___

Street Occupancy Permit/
License Fee: (See Section 4) \$ _____ ChargeCode: PWISTO

Investigation fee: (per applicant) + \$ 7.00 ChargeCode: PWINVE

Total amount paid \$ _____ Receipt

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly					
Name of Company					
Company Street Address			City	State	Zip
Company Telephone Number		Type of merchandise or service – list specific product(s) or actual services being provided:			
Type of Unit:		On Street Unit		Amenity Strip Unit	
CART #1 Location #1 of Amenity Strip unit (West of Appleton Street)			CART #1 Location #2 of Amenity Strip unit (East of Appleton Street)		
CART #2 Location #1 of Amenity Strip unit (West of Appleton Street)			CART #2 Location #2 of Amenity Strip unit (East of Appleton Street)		
SECTION 2 – EMPLOYEE INFORMATION – All employees are subject to state regulations outlined in Chapter 271 of the Department of Workforce Development.					
EMPLOYEE #1		Name of Employee (Last, First, MI)		EMPLOYEE #2	
Name of Employee (Last, First, MI)		Name of Employee (Last, First, MI)			
Employee Home Address			Employee Home Address		
Driver's License/State issued	Sex	DOB	Driver's License/State issued	Sex	DOB
If less than two years at the above address, list all addresses in the last two-year period.					
SECTION 3 – PENALTY SECTION Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.					
Signature of Applicant #1:			Signature of Applicant #2:		
SECTION 4 – FEE SCHEDULE					
TYPE		X	LICENSE	X	STREET OCCUPANCY PERMIT
One Amenity Strip Unit			\$100.00		\$40.00 X ___ location(s) \$ _____
Two Amenity Strip Units			\$150.00		\$40.00 X ___ location(s) \$ _____
On-Street Unit			\$100.00		
Additional Employee Application			\$20.00		
Transfer location (Max. 2 changes per unit/year)			\$20.00 each change		
FOR OFFICE USE ONLY					
Dept	Approv	Deny	By	Reason	
CLERK/POLICE					
HEALTH					
CERT OF INSURANCE					
Date sent for approvals	Date Issued	Expiration Date		License Number	