



City of St. Joseph Application for Vendor License

Applicant

Your Name : _____ Today's Date: _____

Your Permanent Address: _____ For CC consideration on: _____

City: _____ State: _____ Zip: _____ Email: _____

Your Daytime Phone: _____ Evening Phone: _____

Name of Business/Organization: _____

Nature of Business: _____ Your Affiliation with Business/Organization: _____

Address of Business/Organization: _____

City: _____ State: _____ Zip: _____ Email: _____

Business/Organization Daytime Phone: _____ Evening Phone: _____

Have you ever been convicted of any crime, misdemeanor or violation of a municipal ordinance? Y / N If YES, describe nature of the offense and the punishment or penalty assessed _____

Attach a listing of all persons who will be vending under this application; include name, address & copy of state identification. # Persons _____

Vehicle Information Year _____ Make/Model _____ Color _____ License Plate # _____ State _____

Vending Information

Day Vendor _____ Moving Day Vendor _____ Peddler _____ Stationary Vendor _____

What DATE do you plan to vend? _____ During what TIMES do you plan to vend? _____

VENDING LOCATION requested? _____

Must attach a map / diagram indicating location / route.

From what type of structure will you be vending? *Must attach picture of the booth / cart / stand / vehicle.* _____

List all products you intend to sell _____

How will the goods be delivered to you? _____

How will the goods be delivered to customers? _____

List previous vending experience? _____

PLEASE READ CAREFULLY AND THEN SIGN BELOW

1. All applications for Vending Licenses must be approved by the City Commission.
2. Any License issued is valid only for the dates set forth on the license, without regard to any cancellation or postponement of related activities.
3. Licenses are not transferable.
4. An ID badge must be worn by vendor at all times while vending; ID badge may be provided by City or the City will approve badges provided by vendor.
5. Each vendor must post the license issued by the City of St. Joseph in a prominent location.
6. County Health Department Certification required for all food sales; City Vending License must be consistent with County Certificate.
7. If your business requires the use of weighing or measuring devices, you must submit a certificate from the State Inspector of Weights, Scales & Measures.

By signing this application, you affirm that the information provided is accurate and truthful to the best of your knowledge..

Signature of Applicant _____ **Date** _____

Photo ID: _____ Stand Photo _____ Location Map _____ Health Department Certificate _____ Other Certifications _____

Appl. Fee: _____ Ch#/cash: _____ Date: _____ Comments: _____

PS Approval _____ City Clerk Approval _____ City Commission Approval _____