

City of St. Ignace

396 N State Street, St. Ignace, Michigan 49781

(906) 643-9671 • Fax (906) 643-9393 • www.cityofstignace.com

## MOBILE FOOD VENDING APPLICATION

The City of St. Ignace Code of Ordinances requires that all mobile food vendors obtain a City license to operate on both private and public lands. Vending on City property is only permitted when part of an approved Special Event. After completing the information below, please return this form to: City Manager, City of St. Ignace, 396 N. State Street, St. Ignace, MI 49781

Applicant Information						
Full Name:				Date:		
	Last	First	<i>M.I.</i>			
A . I. J						
Address:	Street Address			Apartment/Unit #		
	City		State	ZIP Code		
Phone:		Email				
		Vending Unit Information	า			
Make & Model: Name		Name of Vending Unit:				
Year:	Vahiala Idanti	fightion Number ()/INI);				
		fication Number (VIN):				
License Plate:		Size of Unit:				
Proposed by	ours of operation					
(must be be	tween 7:00am					
and 2:00am	):					
	eas of operation					
	rmission from perty owner(s)):					
Plans for electrical access &						
wastewater/	liasii					
disposal						
/grease sha						
be disposed	d of in					
City recepta	<i>icies).</i>					

## Parking Plan Review

Any mobile vending unit that will be parked on **private property** must include the following information. Parking requirements of Chapter 38, Article III "Parking and Loading Areas" of the Zoning Ordinance must be met for a mobile vending unit to be located on a site.

The following information must be provided on a dimensioned illustration that is included with this application for the request to be processed. Each item included shall either be checked or NA if not applicable.

	A scaled illustration that includes all property line dimensions for the lot on which you are placing the mobile vending unit. The property line is where the public right-of-way or neighbor's property begins (not the curb)			
	Location of the mobile vending unit on the property in relation to existing buildings. Building entrances shall be identified.			
	All drives, parking areas, loading areas, fire lanes, and trash enclosures.			
	Sidewalks and/or how pedestrians are to safely access the mobile vending unit.			
General Application Requirements				
Please confirm that the following items have been included with your application				
	f vending on <b>City property</b> , Certificate of General Liability Insurance required (minimum \$1 Million per occurrence) with City named as additional insured			
	f vending on <b>City property</b> , written permission from a Special Event Organizer and their contact nformation			

If vending on private property, written permission from the property owner and their contact information

Copy of Health Department License or Application for Temporary Food Permit (provide permit once issued)

Copy of State issued photo ID for owner/applicant

Copy of Michigan Sales Tax License

Photograph of the mobile food vending unit

\$300.00 application fee

## Disclaimer and Signature

As the applicant for a mobile food vending license, I hereby agree to comply with all requirements of the St. Ignace Code of Ordinances and County and State regulations. I confirm that all information that I have provided in this application is accurate to the best of my knowledge. I further authorize the City staff to enter the site for which application is made. I understand this license is personal and non-transferable. I also understand this license may be revoked by the City Manager.

I acknowledge that the City may be required from time to time to release records in its possession. I hereby give permission to the City to release any records or materials received by the City from myself as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

<u>I also</u> agree to INDEMNIFY AND HOLD the City of St. Ignace HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my mobile food vending and any associated travel and to reimburse them for any such expenses incurred. I have read, understand and agree.

Applicant:	Date:	
Property Owner (if	Date:	
different):	Date:	