



# City of St. Ignace

396 N State Street, St. Ignace, Michigan 49781

(906) 643-9671 • Fax (906) 643-9393 • [www.cityofstignace.com](http://www.cityofstignace.com)

## MOBILE VENDING APPLICATION

*The City of St. Ignace Code of Ordinances requires that all mobile 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 M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Vending Unit Information

Make & Model: \_\_\_\_\_ Name of Vending Unit: \_\_\_\_\_

Year: \_\_\_\_\_ Vehicle Identification Number (VIN): \_\_\_\_\_

License Plate: \_\_\_\_\_ Size of Unit: \_\_\_\_\_

Proposed hours of operation  
(**must be between 7:00am and 2:00am**): \_\_\_\_\_

Intended areas of operation  
(**include permission from private property owner(s)**): \_\_\_\_\_

Plans for electrical  
access & waste  
disposal (**waste  
shall not be  
disposed of in City  
receptacles**): \_\_\_\_\_

## General Application Requirements

**Please confirm that the following items have been included with your application**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | If vending on <b>City property</b> , Certificate of General Liability Insurance required (minimum \$1 Million per occurrence) with City named as additional insured |
| <input type="checkbox"/> | If vending on <b>City property</b> , written permission from a Special Event Organizer and their contact information  |
| <input type="checkbox"/> | If vending on <b>private property</b> , written permission from the property owner and their contact information  |
| <input type="checkbox"/> | Copy of any required Local/County/State permits (if applicable)   |
| <input type="checkbox"/> | Copy of State issued photo ID for owner/applicant   |
| <input type="checkbox"/> | Copy of Michigan Sales Tax License  |
| <input type="checkbox"/> | Photograph of the mobile vending unit   |
| <input type="checkbox"/> | \$200.00 application fee  |

## Disclaimer and Signature

*As the applicant for a mobile 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.*

***I also** 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 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 different): \_\_\_\_\_ Date: \_\_\_\_\_