



Village of Dimondale, 136 N. Bridge St., P.O. Box 26, Dimondale, MI 48821. 517.646.0230

Mobile Food Vending License Application

Applicant

Name:

Phone/email:

Vendor/Company

Name:

Email:

Address:

Phone:

License Plate #:

Brief Description of Business:

Requested Date(s):

Anticipated Location:

Hours:

Number of days x \$10 =

I have included the following documentation:

License fee

Copy of Health Department License

Copy of valid driver's license and current vehicle registration and insurance

Proof of General Comprehensive Liability policy with limits of no less than \$1 million

Combined Single Limit coverage issued by an insurer licensed to do business in this State and which names the Village as an additional insured

OR

My documentation on file with the Village is current

Licenses issued pursuant to the Mobile Food Vending Unit ordinance are not be transferable from one person/vendor/business to another.

I swear that all the above statements are true, and if the license is granted, I agree to conform to the provisions contained in said ordinance and to conduct said business in the manner required, and I hereby acknowledge that I have knowledge of the contents in relation to the conduct of said business.

I agree to defend, indemnify, and hold harmless the Village of Dimondale, its officials, officers, employees, and agents against any liability, claims, causes of action, judgements, or expenses, including reasonable attorney fees, resulting directly or indirectly from any act or omission of the licensee, its employees, its subcontractors and anyone for whose acts or omissions they may be liable, arising out of the licensee's use or occupancy of the public street, highway or public parking space.

Applicant Signature:

Date:

OFFICE USE ONLY:

Application Received:

Fee paid:

Approved: Yes | No | If no, why:

Date of issuance or denial:

This application and all required documentation can be mailed to the address above or emailed to dimondaleoffice@gmail.com