



BUILDING, PLANNING & DEVELOPMENT

260.925.6449 p | 260.925.3342 f | 210 S Cedar St / PO Box 506 Auburn, IN 46706 | bpd@ci.auburn.in.us

Itinerate Vendor's License

SUBMITTAL REQUIREMENTS

- Completed Application
- Completed Release of Liability Agreement
- Proof of Federal Employer Identification Number (EIN)
- Proof of registration as a business with the Indiana Secretary of State
- Copy of valid photo ID for each person going door-to-door
- License Plate numbers and vehicle descriptions for each vehicle used in door-to-door solicitation
- Certificate of Liability Insurance to the Auburn Department of Building, Planning, and Development insuring the applicant in the following amounts:
 - Personal Injury: \$100,000 per occurrence and \$300,000 in aggregate
 - Property Damage: \$25,000 per occurrence and \$50,000 in aggregate
- DeKalb County Health Department Permit
- Copy of valid Indiana registration for the vehicle for the mobile food unit (if applicable)
- List all municipalities or governmental units applicant has applied to within the last twelve (12) months:

BUSINESS LICENSE DESIRED - (ALL LICENSES ARE FOR A CONSECUTIVE PERIOD OF TIME)

<input type="checkbox"/> One Day License - \$25	<input type="checkbox"/> Thirty Day License - \$75
<input type="checkbox"/> Three Day License - \$35	<input type="checkbox"/> Six Month License - \$200
<input type="checkbox"/> Seven Day License - \$50	<input type="checkbox"/> One Year License - \$300
<input type="checkbox"/> Thirty Day License - \$75	

Once ALL Submittal Requirements are received, the application will be reviewed. Approval and issuance of the license is by the Department of Building, Planning, and Development Department. Vendors that locate in / on City-owned property outside of special events and pre-established location will require approval by the City of Auburn Board of Public Works and Safety.

For additional information, please reference [Chapter 112 of City of Auburn Code of Ordinances](#)



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RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTIONS OF RISKS AND INDEMNITY AGREEMENT BETWEEN THE MUNICIPAL CITY OF AUBURN, INDIANA AND

(company)

In consideration of the use of municipal property or facilities _____ (Company) agrees to indemnify and hold harmless The Municipal City of Auburn, Indiana, its officers, agents and/or employees from any and all liability, claims, costs, including reasonable attorney's fees, arising out of the vendor operations operating in the City of Auburn, Indiana.

(Company) understands and acknowledges that this hold harmless and indemnification agreement requires that The Municipal City of Auburn, Indiana be indemnified from any losses or damage resulting from the acts or omissions from any guest, participant, visitor, supervisor, or other person patronizing the vendor.

The parties herein certify that they are authorized representatives of their respective organizations with the appropriate authority to execute this document.

Company Name

Signature of Company Representative

Date

Signature of City of Auburn Representative

Date

INSURANCE DISCLOSURE STATEMENT _____ (company) acknowledges that The Municipal City of Auburn, Indiana has disclosed that it does not maintain any regular or special insurance coverage for any Outside Organization (individual(s), partnership, for profit or non-for-profit corporation, association, limited liability company, club, public entity, or similar entity) using municipal property or facilities. The Municipal City of Auburn, Indiana's authorization to an Outside Organization to use its public property or facilities is merely an accommodation to the Outside Organization. The Outside Organization acknowledges that The Municipal City of Auburn, Indiana does not maintain any regular or special insurance coverage relating to the event to be held by the Outside organization. The individual signing this agreement agrees to make all participants in the event aware of this disclosure.



ITINERANT VENDOR'S LICENSE

Department of Building, Planning, & Development

210 S Cedar St PO Box 506 Auburn IN 46706 | 260.925.6449 | 260.925.8239 fax | bpd@ci.auburn.in.us

APPLICANT INFORMATION

Applicant Name		Date of Birth
Address		
Email	Phone	

BUSINESS INFORMATION

Business Type	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	
Business Name			Phone
Address			Website
State of Incorporation			Date of Incorporation
Tax ID Number			

OUT OF STATE BUSINESSES ONLY

Date qualified to conduct business in Indiana	
Designated Registered Agent (Indiana Resident)	
Address of Designated Registered Agent	

CORPORATION OFFICERS OR LLC MEMBERS*

President Name		Phone	
Address			
Vice-President Name		Phone	
Address			

**Attach list of additional officers/members as required*

PRODUCT/SERVICE INFORMATION

Product/Service	
Days/Hours of Operation	
Start and End Dates	

APPLICANT SIGNATURE

By signing below, I certify that this application and all other documents required for submittal are true, accurate, and complete to the best of my knowledge.

Signature

Printed Name

Date

OFFICE USE ONLY

Received Date:		LOGOS#: BOW-	
Received By:		LOGOS Address:	
Any Revoked Licenses?		Payment Type:	
License Expiration Date:		Receipt Number:	