



Itinerate Vendor's License

SUBMITTAL REQUIREMENTS – ALL APPLICANTS

- 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
- Certificate of Liability Insurance to the Auburn Department of Building, Planning, and Development insuring the applicant and naming the City as co-insured 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
- \$25 Application Fee

SUBMITTAL REQUIREMENTS – DOOR-TO-DOOR SALES

- All items listed under “All Applicants”
- 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

SUBMITTAL REQUIREMENTS – FOOD VENDORS / MOBILE FOOD VENDORS

- All items listed under “All Applicants”
- A letter from the DeKalb County Health Department indicating all required permits, including Food Handler Certificate, have been approved
- Copy of valid Indiana registration for the vehicle for the mobile food unit (if applicable)
- Copy of valid driver's license for the mobile food vendor
- Proof of an independent safety inspection of all vehicles to be used in the business.
- A site plan showing the location of the unit in relation to driveways, sidewalks, etc.
- If business is to be conducted within a City of Auburn Park, approval from the Auburn Park Board.

Once ALL Submittal Requirements are received, the application and submittal requirements will be reviewed. Approval and issuance of the license is by the Department of Building, Planning, and Development except in cases of Food Vendors / Mobile Food Vendors that locate in / on City-owned property which 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](#)



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.

_____ Signature of City of Auburn Representative

_____ Date

_____ Company Name

_____ Signature of Company 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:	