

Application for Late Night Vending License

(Pursuant to Madison General Ordinance, Section 9.13)

Fees: Large Carts: \$350 _____ Push-Carts: \$125 _____

License No./Date Issued	
Name of Corporation or Limited Liability Company	
Name of Registered Agent	
	Signature _____ Date _____
Primary Vendor's Name (Last, First, M.I.)	Site Assignment
Street Address	
City/State/Zip	Phone
Date of Birth	Driver's License No.
License Plate Number	Wisconsin Seller's Permit Number (Required for License)
City of Madison Street Vendor License No. (Every vendor selling on public property must have this license.)	First Year Licensed as Street Vendor
Email Address	
\$1,000,000 Comprehensive General Liability Insurance, including Contractual Liability, is required. Certificate shall provide 30 days written notice to the City upon cancellation. The insurance certificate must name City of Madison as Additional Insured and bear the stamp of approval of the City of Madison Risk Manager before this license may be applied for. Please write your name on your insurance certificate for identification purposes.	
Name of Insurance Carrier	
Policy No.	Insurance Expiration Date

I have read and agree to abide by the provisions in Madison General Ordinance, Section 9.13.

Signed _____ Date _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

High Density License No.	License Expiration Date
Fee Paid (Amount & Date)	Temporary Restaurant License No(s).

Signed _____ Date _____
 Vending Coordinator