



Inspections Department

Building Official

PORT OF OPPORTUNITIES

## 2017 Application for Vendor License City of Benton Harbor

Printed Name of Applicant \_\_\_\_\_ Type of Picture ID \_\_\_\_\_

Driver License Number \_\_\_\_\_ State  
Issued \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Today's

Date \_\_\_\_\_

Printed Name of Company Represented \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Telephone \_\_\_\_\_ Fax or

Email \_\_\_\_\_

Date of use for requested license: \_\_\_\_\_

Length of time each day license is applicable: \_\_\_\_\_ Brief (printed) description of nature of business or organization \_\_\_\_\_

Location where goods or property are proposed to be sold \_\_\_\_\_

Location of manufacture or production of goods or property \_\_\_\_\_

Description of type of goods/products to be sold: \_\_\_\_\_

Vendor Type:  Charitable /Veteran (provide proof)  Commercial  Stationary  Moving

State above if applicant has been convicted of any crime, misdemeanor or violation of any municipal ordinance, the nature of the offense, and the punishment or penalty assessed.

**Proof of \$100,000.00 liability insurance with the City of Benton Harbor as a "named insured" or "additional insured" and a Berrien County Health Department Permit Receipt must be provided with application of food vendors who prepare or remove food from original manufacturer packaging.**

**VENDORS ARE RESPONSIBLE TO PROVIDE THEIR OWN POWER AND WATER SOURCES**

***Vendors who fail to obtain a permit shall be subject to a minimum fine of One Hundred Fifty (\$150.00) Dollars and a maximum fine of Five Hundred (\$500.00) Dollars and costs of prosecution, up to ninety (90) days in jail, or both.***

***Vendors may not vend on public streets or sidewalks unless specifically approved. Vendors on private property must obtain permission of property owner. Vendors are not permitted in City owned parking lots. Vendors are permitted in City Parks only with written approval of the Benton Harbor Parks Conservancy.***

I hereby certify that the above information is true and correct. I understand that any false statement will result in denial of the requested license and may impact ability to be licensed in the future.

**Signature** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Insurance form received \_\_\_\_\_ Health Dept. License \_\_\_Y \_\_\_N \_\_\_NA Copy of ID \_\_\_\_\_ Tax Owed Verify \_\_\_ok

Information received and verified by \_\_\_\_\_ Date \_\_\_\_\_

Application Fee Paid \$ \_\_\_\_\_ ck# \_\_\_\_\_ License Fee Paid:\$ \_\_\_\_\_ ck \_\_\_\_\_

Approval:

\_\_\_\_\_  
Public Safety Director

\_\_\_\_\_  
Building Official

**REGULAR VENDOR FEE SCHEDULE**

<u>License Type</u>	<u>Charitable*</u>	<u>Commercial</u>
Application Fee	\$10	\$30
Daily License	\$ 0	\$30
Weekly License	\$ 0	\$150
Monthly License	NA	\$500

**BLOSSOMTIME PARADE SPECIAL RATES:**

HONORABLY DISCHARGED VETERAN	FREE
CHARITABLE	\$10.00
COMMERCIAL VENDOR	\$40.00

\*Charitable and/or honorably discharged veteran vendors are eligible for a maximum of ten (10) no charge days per calendar year. Proof of status must be provided with application.