



# City of Benton Harbor Application for Vendor License

**Applicant:**

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Your Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name of Business/Organization: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Your Affiliation with Business/Organization: \_\_\_\_\_

Address of Business/Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Business/Organization Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Have you ever been convicted of any crime, misdemeanor, or violation of a municipal ordinance? Y / N If YES, describe the nature of the offense and the punishment or penalty assessed: \_\_\_\_\_

Attach a listing of all persons who will be vending under this application; name, address & copy of state identification. # Persons \_\_\_\_\_

If Vending from a Vehicle: Year \_\_\_\_\_ Make/Model: \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Vending Information: Day Vendor  Stationary Vendor  Peddler

What DATE do you plan to vend? \_\_\_\_\_ What TIMES do you plan to vend? \_\_\_\_\_

Vending Location Requested? \_\_\_\_\_ *Must Attach map including location.*

From what type of structure will you be vending? Must attach picture of booth/cart/stand/vehicle \_\_\_\_\_

List all products you intend to sell: \_\_\_\_\_

How will the goods be delivered to you? \_\_\_\_\_

How will the goods be delivered to customers? \_\_\_\_\_

List previous vending experience: \_\_\_\_\_

**PLEASE READ CAREFULLY THEN SIGN BELOW:**

1. Any license issued is valid only for the dates set forth on the license, without regard to any cancellation or postponement of related activities.
2. Licenses are not transferable.
3. Each vendor must post the license issued by the City of Benton Harbor in a prominent location.
4. Berrien County Health Department Certification required for all food sales; City Vending License must be consistent with County Certificate.
5. Liability insurance is required for all vendors, proof must accompany this application.
6. If your business requires the use of weighing or measuring devices, you must submit a certificate from the State Inspector of Weights, Scales & Measures.

*By signing this application, you affirm that the information provided is accurate and truthful to the best of your knowledge.*

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_



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## For Office Use ONLY

Photo ID: \_\_\_\_\_ Stand Photo: \_\_\_\_\_ Location Map: \_\_\_\_\_ Health Department Certificate: \_\_\_\_\_ Proof of Insurance: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Ch#/Cash: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Information Received and verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Code Compliance Approval: \_\_\_\_\_

### Regular Vendor and Mobile Food Vendor Fee Schedule:

<u>License Type</u>	<u>Fee Assessed</u>
Application Fee	\$0
Daily License	\$35
Weekly License	\$100
Monthly License	\$330
Seasonal License	\$500

*Seasonal vendors window is April 1<sup>st</sup> through October 31<sup>st</sup>*

<u>Blossomtime Rates</u>	<u>Fee Assessed</u>
Honorably Discharged Veteran	\$0
Commercial Vendor	\$40