



APPLICATION FOR VENDOR LICENSE

Clerk Treasurer's Office
101 W. Washington St
Knox, Indiana 46534
(574) 772-3032

This application form request information which will be used to determine your eligibility for issuance of a license. Failure to provide the information will result in a denial of the license. If space is insufficient, please attach additional sheets.

INSTRUCTIONS TO APPLICANT: The applicant must deliver a completed application to the Clerk Treasurer's Office at City Hall accompanied by all items required by this application. If the application is not complete, the Clerk Treasurer's Office will contact the applicant for further information.

The entire review process could take up to 45 days. The Clerk-Treasurer and Mayor will review the application and either approve or deny the application. If the application is denied, you have the right to address the Board of Works. You must submit your request in writing and then appear at the next regularly scheduled meeting of the Board to answer any questions regarding the application. If you are unable to appear or fail to appear at this meeting, the Board may table the application to a future meeting or proceed in your absence. The Board meets at 9:30 a.m. (C.S.T) on the 4th Wednesday of each month, unless said date occurs on a holiday. In that event of a holiday, the Board meets at an alternate date. The meeting occurs at City Hall, which is located at 101 W. Washington St., Knox, Indiana in the Common Council Chambers.

If the application is approved, the Clerk Treasurer's Office will issue the license to the applicant upon payment of the license fee and any other conditions imposed, such as remittance of certificate of insurance.

CHOOSE TYPE OF VENDOR LICENSE SEEKING AND THE LENGTH OF SAID LICENSE

- | | |
|---|--|
| <input type="checkbox"/> Canvasser/Peddler/Solicitor: | <input type="checkbox"/> day (\$10.00) <input type="checkbox"/> week (\$25.00) <input type="checkbox"/> month (\$50.00) <input type="checkbox"/> \$250.00 (year) |
| <input type="checkbox"/> Street Vendor: | <input type="checkbox"/> day (\$10.00) <input type="checkbox"/> week (\$25.00) <input type="checkbox"/> month (\$50.00) <input type="checkbox"/> \$250.00 (year) |
| <input type="checkbox"/> Transient Merchant: | <input type="checkbox"/> 90 days (\$25.00) (license only good for 90 days) |
| <input type="checkbox"/> Mobile Food Vendor: | <input type="checkbox"/> 8 hours (\$25.00) |

(Definitions of each vendor are provided at the end of this application).

APPLICANT INFORMATION

Name: _____
E-mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Fax Number: _____
Date of Birth: _____
Driver's License Number: _____ State Issuing License: _____

BUSINESS INFORMATION

Business Legal Name: _____ DBA: _____
Permanent Business Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Fax Number: _____
Indiana Sales Tax ID Number: _____
Have you ever had a vendor license issued by the City revoked? ☐ Yes ☐ No
If yes, list the date the license revoked? _____

Have you had a complaint against your business with the Better Business Bureau, the Office of the Attorney General, or the Knox City Police Department within the last 12 months? ☐ Yes ☐ No

If yes, explain the following:

How many complaints have you had? _____

Who was complaining and why? _____

What was the result of said complaint? _____

PLEASE CHECK IF APPLICABLE TO APPLICANT AND VENDOR LICENSE SOUGHT:

- ☐ I am an Indiana not-for-profit fraternal organization.
- ☐ I am an Indiana not-for-profit organization tax exempt under the Internal Revenue Code Section 501(c)(3).
- ☐ I am an Indiana not-for-profit veterans' organization.
- ☐ I am a parent, guardian, and/or custodian for a person, age 17 and under, selling merchandise, services, or seeking donations on behalf of a school, church, sports, Boys & Girls Clubs, or scouting organization.

If one of the aforementioned boxes are checked, are you requesting a waiver of the license fee? ☐ Yes ☐ No

EMPLOYEE INFORMATION

List the number of employees/agents that will be transacting business under this license:

For each employee/ agent transacting business under this license, list the following for each individual:

Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

Date of Birth: _____

Driver's License Number: _____ State Issuing License: _____

Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

Date of Birth: _____

Driver's License Number: _____ State Issuing License: _____

(Attach additional sheets if necessary).

CONVICTION OF FELONY, MISDEANOR, OR ORDINANCE VIOLATION

Has applicant or any employee of agent of applicant listed in this application ever been convicted of a felony, misdemeanor or violation of any ordinance? ☐ Yes ☐ No

If yes, identify the person(s) convicted of the offense, describe the nature of the offense(s), date(s) of conviction, and punishment(s) thereof. Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

Date of Birth: _____

Driver's License Number: _____ State Issuing License: _____

SALE INFORMATION

Provide a detailed description of the business applicant intends to transact:

Provide a detailed statement of the nature, character, and quality of the item or service to be sold by applicant:

Specifically identify all location(s) where applicant intends to transaction business with this license, including if applicable a detailed site configuration and street access locations:

Will you be conducting business on private property, which means property that you own or another person owns and is not owned by the City? ☐ Yes ☐ No

If yes, please state the name(s) and address(es) of the legal owners of the property:

Have you obtained permission and consent from the legal owners to utilize this property? ☐ Yes ☐ No
(If yes, the legal owners must provide their consent in writing and the consent must be attached to this application).

Dates of Sale: _____

Hours of Sale: _____

Number of parking spaces to be utilized: _____

Will signage be utilized? ☐ Yes ☐ No

If yes, provide a detailed description of signage: _____

Is a photo, picture, and/or illustration of the signage attached to this application? ☐ Yes ☐ No

Will you be advertising the business you intend to transact? ☐ Yes ☐ No

If yes, describe exactly what advertising you plan to transact? _____

Copies of your advertising must be attached to this application. Have you attached copies of all advertising (ie: handbills, circulars, newspaper advertising) to this application? ☐ Yes ☐ No

If no, explain why? _____

Will a tent be utilized? ☐ Yes ☐ No

If yes, what is the size of the tent: _____

Will there be vehicles used to transact business pursuant to this license? ☐ Yes ☐ No

If yes, provide the following information:

Year/Make/Model	VIN Number	License Plate Number (State)

CONTACT INFORMATION FOR QUESTIONS/CONCERNS DURING HOURS OF OPERATION

Name of manager/supervisor available during hours of operation/solicitation:

Phone number(s): _____

ATTACHMENTS TO THIS APPLICATION (please check if information is attached)

- ☐ Photo identification for applicant.
- ☐ Photo identification for all applicant's employees conducting sale pursuant to license.
Suitable forms of photo identification include the following, which must be valid and unexpired:
 - 1.) driver's license;
 - 2.) state-issued identification;
 - 3.) learner's permit,
 - 4.) active U.S. military identification card;
 - 5.) passport;
 - 6.) U.S. Certificate of Naturalization;
 - 7.) U.S. Permanent Resident Card; and
 - 8.) U.S. Employment Authorization Card.
- ☐ Charter or Articles of Incorporation and current listing of all directors, partners, and principals, if applicable.
- ☐ Food Establishment Permit from Starke County Health Department, if applicable.
- ☐ Written consent to locate on private property from property owner, if applicable.
- ☐ Photo, picture, and/or illustration of the signage, if applicable.
- ☐ Copies of all advertising (ie: handbills, circulars, newspaper advertising), if applicable.
- ☐ A valid certificate signed by the Sealer of Weights and Measures, if applicable.
- ☐ Additional documents, please describe: _____

APPLICANT CERTIFICATION/ WAIVER & RELEASE

I hereby certify and declare under the penalties of perjury under the laws of the State of Indiana that the information containing in this application is true and accurate. I acknowledge that I have read Ordinance No 2020-OR#8 "Ordinance to amend Sec. 8.26 through Sec. 8-41 in Article II of the Knox Municipal Code, commonly known as the Regulations for Peddlers". I understand the granting of a permit does not presume to give authority to violate or cancel provisions of any other local or state law regulating such activities.

Applicant hereby waives, releases and discharges on behalf of himself, or by any other person or entity acting on his behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, the City from any and all claims or demands therefore on account of injury, loss, or damage to person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind on account of, growing out of, or which may result from the issuance of a vendor license to the Applicant by the City and any and all activity conducted as a result thereof, which arise or in the future may arise. The Applicant expressly agrees to indemnify and hold the City harmless from any and all claims or demands therefore on account of injury, loss, or damage to person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind by the Applicant, or by any other person or entity acting on his behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, on account of, growing out of, or which may result from the issuance of a vendor license to the Applicant by the City and any and all activity conducted as a result thereof, which arise or in the future may arise. It is expressly intended that such indemnification and hold harmless obligation shall extend to and include attorney fees and costs incurred by the City in defending any claim, causes of action, wrongful death causes of action, or demands taken by the Applicant.

This Waiver & Release of Liability shall be construed and enforced in accordance with the laws of the State of Indiana. Should any portion of this Waiver & Release of Liability be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver & Release of Liability shall be severable from the remaining portions herein and the invalidity, void ability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver & Release of Liability. The Applicant declares that he/she is over the age of eighteen (18) years, of sound mind, and has carefully read this Waiver & Release of Liability and understands and consents to the terms herein. The Applicant further declares and represents that no promise, inducement or agreement not herein expressed has been made to the Applicant, and that the terms of this Waiver & Release are contractual and not a mere recital.

Applicant Signature

Date

Printed Name of Applicant

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, the undersigned, a Notary Public, in and for said County and State, this ____ day of _____, 20_____, personally appeared the individual and acknowledged the execution of the foregoing document. In witness whereof, I have subscribed my name and affixed my official seal.

My commission Expires: _____

_____, Notary Public

Resident of _____ County

If license is approved, you must do the following:

- ☐ Submit payment for your license fee to Clerk Treasurer's Office.
- ☐ Obtain a placard.

Placard must be displayed at all times to be easily seen by the public.

- ☐ You may be required to obtain and submit to the Clerk Treasurer's Office a Certificate of Insurance naming the City as additional insured with liability coverage in the amount of not less than \$100,000 for property damage for any one occurrence and general liability in the amount of \$300,000 for bodily injury, including death, for any one occurrence. The Certificate of Insurance must contain the following provision: *The City through the Office of the Clerk-Treasurer will be given fifteen (15) days' notice prior to the effective date of the cancellation, expiration, or a material change to this policy.*
- ☐ You may be required to perform any other terms and conditions as specified by the Board as a condition of your license.

Definitions:

Canvasser. Every person who seeks opinions, preferences, or other information for commercial purposes.

Mobile Food Vendor. Every person who operates a self-contained food service operation, located in a readily movable motorized wheeled or towed vehicle, used to store, prepare, display or serve food intended for individual portion service on or in public, private, or restricted spaces. Mobile food vendors planning to operate in Knox must first receive a food establishment permit from the Starke County Health Department.

Peddler. Every person who sells or offers for sale goods, wares, or merchandise directly by going from house-to-house, door-to-door, business-to-business, or any other place-to-place movement.

Required Identification. Suitable forms of photo identification to apply for a license include the following, which must be valid and unexpired: 1.) driver's license; 2.) state-issued identification; 3.) learner's permit, 4.) active U.S. military identification card; 5.) passport; 6.) U.S. Certificate of Naturalization; 7.) U.S. Permanent Resident Card; and 8.) U.S. Employment Authorization Card.

Solicitor. Every person not carrying goods, wares, or merchandise, but taking orders for future delivery of goods, wares, merchandise or services, or soliciting for money, or other things of monetary value by going house-to-house, door-to-door, business-to-business, or any other place-to-place movement.

Street Vendor. A person who sells, offers for sale, exposes for sale, solicits offers to purchase, or barter food, goods, or services in a street, alley, sidewalk, or other public place or right-of-way from a stand, pushcart, or by person.

Transient Merchant. Every person who engages in the sale of goods, wares, merchandise, or services in any place in the City on a temporary basis and does not anticipate becoming an established business merchant for a continuous period of 180 days or longer. A transient merchant includes any person who rents, erects, purchases, uses, or occupies any vehicle, room, building, structure, or lot, including but not limited to those located in or along parking lots, shopping centers, or other areas for the purpose of purchasing, selling, or offering for sale anything of value at such location without becoming an established business merchant. This definition excludes mobile food vendors. A person so engaged as a transient merchant shall not be relieved from complying with the provisions of this Article merely by reason of associating temporarily with any local dealer, trader, merchant or auctioneer, or by conducting such transient business in connection with, as a part of, or in the name of, any local dealer, trader, merchant, or auctioneer. Anyone conducting business as set forth in this definition within the City for a period of less than 180 days shall be deemed a transient merchant.

FOR OFFICE USE ONLY

Date License Approved _____

Date License to Expire from Date of Approval _____

Did you issue City Identification Placard? ☐ Yes ☐ No

Did you make a copy for the City Identification Placard you issued? ☐ Yes ☐ No

IF applicable, Did Applicant submit Certificate of Insurance meeting all requirements of Ordinance?

☐ Yes ☐ No

License # _____