



City of Mishawaka

License Application For Transient Merchants

Business Name: _____

Indiana State Retailer License Number: _____

Name, Address and Telephone number of business owners/partners ("Applicant(s)"): _____

Description of the type of goods, wares or merchandise to be sold or ordered: _____

Location where you will be conducting business: _____

Date sales will begin: _____ Date sales will end: _____

Total number of days sale will be conducted: _____

Hours business will be conducted: _____

Please attach a copy of all proposed advertisements to be used on the radio, television, or printed media.

You must provide a contact person who will be able to respond to consumer complaints. This person's name and contact information must appear in all advertising.

Contact person's name: _____

Address: _____

Telephone Number: _____

* * * * *

If you will be operating on private property, you must attach a notarized statement or copy of a signed contract verifying that the owner of the property has agreed to lease the location to you for the dates and times indicated above and that the property owner realizes that such a sale requires a transient merchant license issued to by the City of Mishawaka prior to the sale.

If this is a group event, the sponsoring organization must complete one application for all the participants. Is this a group event? _____

If so, please attach a list of all participating entities with name, address, telephone number and Indiana State Retailer license number.

If any merchandise will be sold by weight or measure, you must attach a current and valid certificate that each scale and measure has been approved by the Mishawaka Inspector of Weights and Measures.

A bond or property liability insurance policy in an amount not less than \$500,000 for injury to or destruction of property as a result of any one occurrence and public liability covering accidental bodily injury, including death, to a member of the public in the amount of not less than \$5,000,000 shall be submitted with this application. Any such insurance policy shall contain the following provision "The City, through the Office of City Controller, shall be given 15 days of notice prior to the effective date of the cancellation or material change of this policy."

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I understand that this application will be forwarded to the Police Department for review and recommendation. I also understand that each location I use must be properly zoned, and that the Planning Department will review my location for ingress and egress, parking, and related health and safety requirements.

A public hearing will be held by the Board of Public Works and Safety to review the recommendations of the above departments. A representative of this business will be present at that meeting.

I swear, under penalties of perjury that the information contained in this Application is true and correct.

Signature of Applicant

Date

Fee Schedule (to be submitted following approval of the Board):

- \$0 for honorably discharged veterans (I.C. 25-25-2-1)
- \$350 for proposed business operation of three consecutive days or fewer
- \$500 for proposed business operation of more than three but fewer than fourteen total days
- \$1000 for proposed business operation of more than fourteen but less than one year.

FOR OFFICIAL USE ONLY

MPD Approval: _____

Planning Approval: _____

Public Hearing set for the _____ day of _____, 20____ at _____ o'clock ____ M.

Board Approval:

President, Board of Public Works and Safety

Date