



APPLICATION FOR AMBULATORY VENDOR PERMIT

(Note: Ambulatory vendors cannot be stationary and must operate without the use of a cart.)

1. **APPLICANT'S NAME:** _____

2. **ADDRESS:** _____
STREET APT # CITY ZIP CODE

3. **PHONE NUMBER:** _____ **Email address:** _____

4. **HAVE YOU PREVIOUSLY HELD AN AMBULATORY VENDING PERMIT FOR CITY PLAZA?**
YES _____ **NO** _____
IF YES, HOW MANY PREVIOUS PERMITS AND IN WHAT YEARS _____

5. **PRODUCT(S) TO BE SOLD (LIST ALL OR ATTACH A LIST):** _____

6. **WHAT WILL BE THE HOURS OF OPERATION?** _____

7. **WHAT WILL BE THE MONTHS OF OPERATION:** _____

If I am selling food or drinks, I acknowledge that I have contacted the Johnson County Department of Health and have reviewed and will comply with the applicable health code requirements.

If the applicant is not an individual, the person signing this application acknowledges that he or she has the authority to act on behalf of the group that is requesting the permit.

Signature of Applicant Date

Title

INDEMNIFICATION AGREEMENT

If insurance is required, the applicant agrees to:
pay on behalf of the City all sums which the City shall be obligated to pay by reason of any liability imposed upon the city for damages of any kind resulting from use of public property and the public right of way, whether sustained by any person or person, caused by accident or otherwise and shall defend at its own expense and on behalf of the City any claim against the City arising out of the use of public property and the public right of way.

Applicant agrees to provide the certificate of insurance to the City by the last working day prior to the first day of vending operation.

Signature of Applicant Date

Applicant: Return completed application to:
City Clerk's Office
City of Iowa City
410 E. Washington Street
Iowa City, IA 52240

Any questions can be directed to the City Clerk's office at 319-356-5042.

APPEAL RIGHTS

Any party aggrieved by the City Manager's or designee's decision to grant or deny a permit under this Chapter may appeal the determination to the City Council if, within five (5) working days after the decision, the party files a written notice of appeal with the City Clerk. In such event, a hearing shall be held by the City Council no later than its next regularly scheduled meeting, assuming the appeal is filed in time to allow notice of said appeal in accordance with Chapter 21 of the Iowa Code.

FOR CITY USE ONLY:

NOTICE OF DECISION GRANTING OR DENYING THE APPLICATION

The application is approved. _____

The application is denied because _____

City Manager or Designee

Date