

- If a Permit is denied, I understand I must file an appeal in writing to the City Clerk's Office, 66 S. Main PO Box 310, Cedar Springs, MI 49319, within 14 days of notification of the denial.
- I have read and fully understand the appropriate ordinances for the Mobile Vending Permit.

Applicant Signature: _____ Date: _____

Affidavit & Indemnification Agreement

I _____, am the owner of a Mobile Food Vending business ("the Business"). I am the legal owner of, or hold a controlling ownership interest in, the Business. I am, or my co-owner(s) and I are, ultimately responsible for all hiring, firing, and disciplinary decisions of all persons employed by the Business. If a partial owner of the Business, I have been authorized by my co-owner(s) to execute this Affidavit and enter into this Indemnity Agreement with the City of Cedar Springs on the Business' behalf. In exchange for a Permit to operate as a Mobile Food Vending Business under Section 1, Chapter 24 of the City Code of the City of Cedar Springs, The Business shall indemnify and hold harmless the City, its officers, and employees for any claims, damages, or injuries to persons or property which arise out of any activity by the business, its employees, or agents carried on under the terms of the permit.

I understand that I am certifying that these statements are true, and acknowledge that the information contained herein may subject me to certain penalties which include, but are not limited to, suspension or revocation of my Mobile Food Vending business Permit.

Owner's Signature: _____ Date: _____

Checklist

- Completed Mobile Food Vending Permit Application.
- Pay Non-refundable application fee.
- Copy of Kent County Health Department License or equivalent license issued in the State of Michigan.
More information can be found at <https://www.accesskent.com/Health/FoodServices/default.htm>
- Proof of Vehicle Registration for each vehicle.
- Proof of Insurance.
 - Proof of Commercial Liability Insurance policy with limits of no less than \$1 million combined Single Limit coverage issued by an insurer licensed to do business in this state, *and which names the City as an additional insured.*
 - Proof of Commercial Auto Policy with bodily injury and property damage with limits of no less than \$1 million per accident issued by an insurer licensed to do business in this state.
- Copy of Menu with prices. (optional)
- Color photos of the Food Truck. (optional)
- Social Media Page Information. (optional)

----- CITY USE ONLY -----

Background Check: _____

Date: _____

County/State License #: _____

Expiration Date: _____

City Permit #: _____

Expiration Date: December 31

Approved Denied

City Clerk or Designee