City Clerk's Office
MOBILE SALES UNIT LICENSE
(Vendor)
Application

THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL STAFF HAS RECEIVED ALL REQUIRED INFORMATION.

Applicant:	File #:
Date complete application received:	Date license issued or denied:

Applicant ✓	APPLICATION REQUIREMENTS:	Staff ✓
	Completed Mobile Sales Unit License (Vendor) Application	
	Color copy of valid driver's license or government issued identification card	
	2"x 2" Color photographs of applicant	
	Proof of general liability insurance policy - see attached example • Names City of Meridian as **additional insured** • $500,000.00 per person bodily injury • $500,000.00 per occurrence bodily injury • $100,000.00 per occurrence property damage	
	Proof of Motor Vehicle Insurance	
	Proof of Central District Health approval/permit (if applicable)	
	Application fee - $73.25 (Includes $33.25 fingerprinting and $40.00 licensing) ~Meridian Fire Department Food Truck Inspection Fee - $45.00 payable online: Fire Prevention and Permits ~OR Proof of Current Fire Inspection sticker	
	Fingerprints taken by Idaho State Police: • City Clerk staff will provide applicant with Privacy Statement and fingerprint card to take to ISP upon completion of above requirements. • ISP will charge an additional/separate fee of $10.00	
STAFF USE ONLY:		
	Meridian Police Department approval/background check	
	Meridian Fire Department approval (if applicable)	
	Meridian Attorney's Office approval	
	Meridian Parks Department approval (if applicable)	

City Clerk's Office
MOBILE SALES UNIT LICENSE
(Vendor)
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APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Applicant Address: _____

E-mail: _____ Driver's License state/number:_____

Employer: _____ Phone: _____

Employer E-mail Address: _____

Employer Address: _____

Tax Identification Number: _____

Idaho agent for service of process *(person responsible for receiving legal documentation on Applicant's behalf):*

_____

List all infraction, misdemeanor or felony arrests/charges and dispositions (conviction, acquittal, or dismissal), including any probation violations and/or bail forfeitures: _____

_____

_____

DESCRIPTION OF OPERATIONS

Dates, hours, and locations of operation: _____

Applicant will operate and/or travel within a park: ❑ Yes ❑ No

Product(s) to be sold: _____

Operations will include *(check all that apply)*:

❑ Mobile food preparation

❑ Use of cooking oils

❑ Production of smoke/vapors

Form(s) of transport to be used in operation, traveling, and/or sales: _____

Complete for any and all motor vehicles *(attach additional pages if necessary)*:

License plate state and number	Make	Model	Color

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Acme Insurance Company
123 Naidirem Street
Meridian, Idaho 83642

Policy is issued by an insurance company licensed to do business in Idaho

CONTACT NAME: [redacted]
PHONE (A/C, No, Ext): [redacted]
FAX (A/C, No): [redacted]
E-MAIL ADDRESS: [redacted]c.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : [redacted]	
INSURER B : [redacted]	[redacted]
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Applicant/Company Name
Address
Address

Example Only

COVERAGES CERTIFICATE NUMBER: 00007726-74542 REVISION NUMBER: 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y		[redacted]	05/07/2021	05/07/2022	EACH OCCURRENCE	$ 500 000
	CLAIMS-MADE / X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100 000
							MED EXP (Any one person)	$ 5 000
							PERSONAL & ADV INJURY	$ 500 000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 500 000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ Included
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

This policy includes an additional insured party

Adequate insurance amounts per applicable provision of Meridian City Code

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Meridian is an additional insured party.

City of Meridian is additional insured

CERTIFICATE HOLDER

City of Meridian
33 E Broadway
Meridian, ID 83642

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
[redacted]

(CSP)

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