

**CITY OF NORTH ST. PAUL, MINNESOTA
2400 MARGARET STREET
NORTH ST. PAUL, MN 55109**

Current County or State License# for Food Vendors_____

(Copy must be submitted with application).

Mn Tax ID#_____ (Required by State before permit can be issued)

APPLICATION FOR SPECIAL EVENT VENDOR LICENSE

Applicant Name: _____
(First) (Middle) (Last) (Birthdate)

Home Address: _____
(Street) (City) (State) (Phone)

Business Name: _____

Business Address: _____

Type of Business: _____

Type of merchandise to be sold: _____

Special Event applying for: _____

Dates of Special Event – From _____ To: _____

****You must supply the City of North St. Paul with a certificate of insurance providing \$1,000,000 / accident, person, and property damage if you are a Food Vendor or \$500,000 / accident, person, and property damage if you are a Merchandise Vendor AND proof of Workers' Compensation coverage before a permit will be issued.** The permit applicant shall file with the City Manager a bond or policy of public liability insurance conditioned that the licensee will indemnify and save harmless the city, its officers, agents and employees from any and all loss, costs, damages, expenses or liability which may result from or arise out of the granting of such permit. The policy of insurance shall be maintained in its original amount by the applicant at all times during the period for which the permit is in effect. In the event that two or more permits are issued to one applicant, one policy of insurance may be furnished to cover two or more events, and each policy shall be of a type which automatically continues coverage after the occurrence of any loss or accident from which liability may accrue.

The undersigned acknowledges receipt of applicable City ordinances pertaining to the license type applied for.

Signature _____ Date _____

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TENNESSEN WARNING

You are hereby warned, pursuant to Minnesota Statutes, Section 13.04, Subd. 2 that the license you are applying for will require you to supply to the City private or confidential data about yourself. This data will be used by the City staff and City Council to determine whether or not you should receive the license applied for. You have a right to refuse to supply the data asked for, however, your application will NOT be processed without all the questions being answered. All data supplied in the license application and the investigative data obtained by agents of the City in processing this application will be public data. PUBLIC DATA is available to anyone who requests it.

You are also warned to seek legal counsel of our own choice to review this TENNESSEN WARNING so that you can understand the full consequences of your answering the questions on the application for license.

Signature _____ **Date** _____

I have read the above warning and fully understand the consequences of filling out the attached application for license, and waive any rights I may have to keep the data private or confidential

Cell Phone _____ **Title** _____

The undersigned hereby applies for a license to carry out the business of: _____
in the City of North St. Paul, Minnesota, subject to the laws of Minnesota and the ordinances for the City,
and herewith submits the sum of \$ _____ as the license fee therefore.

Date: _____ Signed: _____

License Fee: \$50.00

If you fall within any of the following you are exempt from the fee:

All Public Charities as defined by IRS Code 501C(3)

Any governmental institution

Any business headquartered in the City of North St. Paul

Incomplete applications will not be processed.

FOR OFFICE USE ONLY (1.3290)

Fee Paid: _____ Exemption: _____

Date Paid: _____

Approved By: _____ Employees: _____

License#: _____