



CITY OF MADISONVILLE
MOBILE FOOD VENDOR PERMIT APPLICATION
 OFFICE OF ZONING ADMINISTRATOR

Permit # _____

GENERAL INFORMATION

Business Name _____

Contact Name _____

Address _____

Phone _____

Email _____

Emergency Contact Name _____

(Different than Name Above)

Emergency Contact # _____

Business Entity

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> LLC Individual | <input type="checkbox"/> LLC Partnership |
| <input type="checkbox"/> Sole Proprietor | |

Fed ID # _____ SS # _____

Has the business or entity ever had a permit denied or revoked to operate with the City of Madisonville?

No Yes

Explain when, why _____

VENDOR TYPE

- | | |
|--|--|
| <input type="checkbox"/> Push Cart | <input type="checkbox"/> Food Truck |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Pull Behind Trailer/Wagon |
| <input type="checkbox"/> Other <i>(Describe)</i> _____ | |

(A photo must be provided of the vending unit)

Vehicle License # _____

LOCATION

Location where applicant plans to operate _____

BUSINESS LICENSE & INSURANCE INFORMATION

Madisonville Business License # _____

Before setting up on public property, vendor must provide a certificate of liability insurance naming the City of Madisonville as an insured party.

Cert. of Liability Ins. Expiration Date _____
(A certificate of insurance must be provided)

Ins. Carrier _____

ACKNOWLEDGE & INDEMNIFY TO HOLD HARMLESS

I acknowledge and certify that the information provided is true and complete. I understand that any untrue, inconsistent or misleading information shall be cause for the refusal to grant or the revocation of, any permit to operate within the City of Madisonville. I acknowledge that I have read the Mobile Food Ordinance and any attached operating requirements and shall comply with all applicable requirements contained therein as well as all other local or state requirements.

As a condition of issuance of any permit. I agree to indemnify, hold harmless and defend the City of Madisonville, its agents and employees from and against liability and/or loss arising from activities connected with or undertaken pursuant to the permit. The City of Madisonville shall not be liable for any business loss, property loss, personal injury or other damages that may result from the exercise of the rights granted by the permit or the suspension or revocation of the permit, and no mobile food vendor shall maintain any claim or cause of action against the City of Madisonville, its officers and employees on account of any revocation or suspension of such permit.

Applicant Signature _____

Print Applicant Name _____

FOR OFFICIAL USE

Date Application Received _____

Date Paid (Permit Fee \$100) _____ Fee _____

Date Issued _____ Permit Expires _____

Comments/Conditions _____

RETURN APPLICATION TO:
 67 North Main Street
 Madisonville, KY 42431
 Phone: 270-824-2108
 mtodd@madisonvillegov.com