

LIMITED DURATION LICENSE APPLICATION

Temporary Vending

LDL _____ (internal only)

EVENT NAME: _____

Business Name: _____ Address of Activity: _____ _____ _____ <input type="checkbox"/> Private Property <input type="checkbox"/> Public Property Site Plan or Aerial Photo Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Set Up (include photo or mock-up): <input type="checkbox"/> Cart <input type="checkbox"/> Within Tent <input type="checkbox"/> Booth <input type="checkbox"/> Truck/Mobile Kitchen <input type="checkbox"/> Other _____
Dates of Operation: Opening Date: _____ Closing Date: _____	Waste Disposal Method (may be attached): _____ _____ Trash Vendor/Contact: _____ Vendor Phone: _____
Hours of Operation: Open: _____ Close: _____	Applicant/Contact Information: Name: _____ Address: _____ _____ Phone Number: _____ Email Address: _____
Description of Items to be Sold: _____ _____ _____ _____	By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to the activities identified herein whether caused by negligence of City or otherwise. I affirm, under the penalties for perjury, that the foregoing representations are true. Signature: _____ Date: _____
Type of Activity: <input type="checkbox"/> For Sale to General Public <input type="checkbox"/> Private, Ticketed Party (food vending)	
Registered Retail Merchant: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Department Approval Obtained (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No	

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