

APPLICATION FOR PRIMGHAR VENDOR LICENSE

PLEASE RETURN TO: Primghar City Hall, 160 S Hayes Ave PO Box 39 Contact info: 712-957-2435; primghar@tcaexpress.net

Must be submitted to City Clerk prior to the day of the event ***License not required if previously authorized in conjunction with community special event application***

1.	APPLICANT INFORMATION				
	Name of Business:				
	Tax ID Number:				
	If required, is user licensed with the Siouxland Department of Health? Yes No (please provide				
	copy of license for food service)				
	Event Sponsor (if applicable):				
	Name of Contact Person:				
	Contact Number:				
	Email Address:				
2.	USE INFORMATION				
	Activity Description:				
	Description of Vehicle, License, Pushcart, Etc. Being Used:				
	Requested Location:				
	Days/Dates:				
3.	INSURANCE/BOND				
	Proof of proper insurance coverage must be submitted prior to City Clerk consideration of the application. Clerk may require certificate of insurance with City listed as "additional insured" if deemed necessary.				
	Certificate of Insurance provided and acceptedCertificate of Insurance not required				
	Revised 6-2020				

Before a license is issued applicant shall provide the Clerk evidence that the applicant has filed a bond with the Secretary of State in accordance with Chapter 9C of the Code of Iowa

4. AGREEMENT

In consideration of the City of Primghar, Iowa, granting permission for the activity described above, the undersigned indemnifies and holds harmless the City of Primghar, Iowa, its employees, representatives and agents against all claims, liabilities, losses or damage for personal injury and/or property damage or any other damage whatsoever on account of the activity described above and/or deviation from normal City regulations in the area. The undersigned further agrees to indemnify and hold harmless the City of Primghar, Iowa, its employees, representatives and agents against any loss, injury, death or damage to person or property and against all claims, demands, fines, suits, actions, proceedings, orders, decrees and judgments of any kind or nature and from and against any and all costs and expenses including reasonable attorney fees which at any time may be suffered or sustained by the undersigned or by any person who may, at any time, be using or occupying or visiting the premises of the undersigned or the abovereferenced public property or be in, on or about the same, when such loss, injury, death or damage shall be caused by or in any way result from or rising out of any act, omission or negligence of any of the undersigned or any occupant, visitor, or user of any portion of the premises or shall result from or be caused by any other matters or things whether the same kind, as, or of a different kind that the matters or things above set forth. The undersigned hereby waives all claims against the city for damages to the building or improvements that are now adjacent to said public property or hereafter built or placed on the premises adjacent to said property or in, on or about the premises and for injuries to persons or property in or about the premises, from any cause arising at any time during the activity described above. The undersigned further agrees to comply with all the codes, rules, regulations, terms and conditions established by the City of Primghar, Iowa.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THIS DOCUMENT, INCLUDING THE FACT IT IS RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREES TO THE TERMS AND CONDITIONS AS SET FORTH HEREIN.

Applicant/Sponsor Signature			Date		
	CI	TY CLERK APPROV	AL		
			Approved:	Denied:	
City Clerk S	gnature	Date of Action			
Date Licens	e Commences:	Date License Expires:			
Certificate o	of Insurance:	Proof of Bon	of of Bond or \$500:		
License Siou	xland Dept of Health:	Application F	ee and Daily/Weekly Fee	2:	
	S IMPOSED:				
EES:					
0	Application \$20				
0					
0	For more than one day up to one week \$6 per day				
0					
0	For more than one week but not more than one month, \$20 per week and \$4 for any day or fraction thereof				
0	 For one month \$ 100 				
0					
				Revised 6-2020	