

TRANSIENT MERCHANT PERMIT

APPLICANT NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

NAME OF BUSINESS: _____

Location: _____

Address: _____

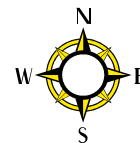
Current Zoning: _____

MERCHANDISE TO BE SOLD: _____

HOURS OF OPERATION: _____ **DATES OF OPERATION:** _____

PLEASE COMPLETE SITE PLAN BELOW

SITE PLAN



Indicate location of vending cart, tent, truck or other outside area from which sales will occur, access to the sales area, proposed sign, all existing structures, parking and access to the site. (See other side for additional requirements)

Attach the following to this permit:

1. Proposed trash disposal facilities.
2. Liability Insurance with City of Arvada listed as Additional Insured (see attachment).
3. Owners approval (if the applicant is not the property owner).
4. Plan for storage of the vending cart in hours of non-operation.

DEPARTMENT APPROVAL

Finance Department

Sales Tax License: _____ Date: _____

Planning Department _____ Date: _____

Date of Issue: _____

Permit Term: _____

****FEE: \$50.00/year**

Copies to:

- Police Dept.
- Finance Dept.
- Planning Dept.
- Applicant
- Code Enforcement

****PERMIT MUST BE RENEWED ON A YEARLY BASIS.**



Risk Management Division
 PO Box 8101
 Arvada, CO 80001

Phone: 720-898-7590
 Fax: 720-898-7591

Requirements when filing Acord form Certificates of Insurance

Effective December 1, 2004

Improperly issued certificates will not be accepted

ADDITIONAL INSURED	<p>IMPROPERLY ISSUED CERTIFICATES WILL NOT BE ACCEPTED</p> <p>City of Arvada must be shown as an additional insured with regard to:</p> <ul style="list-style-type: none"> ○ General Liability ○ Products Liability ○ Automobile Liability ○ Liquor Liability (if applicable) <p>Additional insured forms CG 20-12-07-98 ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS or CG 20-26-07-04 ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION should be used. Additional insured wording should read “The City of Arvada is named as an additional insured as their interest may appear with respects to the above policies.”</p> <p>Copy of additional insured endorsement must be attached to the Certificate.</p>
CANCELLATION	<p>THIRTY (30) days notice of cancellation, except for non-payment of premium.</p>
DESCRIPTION OF OPERATIONS	<p>Please provide a description of project to which certificate applies. If Certificate is for contractor’s license, please so indicate.</p>
COVERAGE, LIMITS AND TERM	<ul style="list-style-type: none"> ☛ General Liability Occurrence limit must be at least \$1,000,000 ☛ General & Prod/Comp Operations Aggregate must be at least \$2,000,000 ☛ Liquor Liability (if applicable) must be at least \$150,000 ☛ Auto Liability must be at least \$1,000,000 ☛ Worker Compensation at least based on statutory limits prescribed by and for the State of Colorado ☛ Certificate must be for current policy term
CARRIER	<p>Carrier must be rated B+ or better, according to Best’s Rating Guide</p>

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