



Street Vendor License Application

George T. Darany, City Clerk

City of Dearborn, 16901 Michigan Ave. Ste. 11, Dearborn, MI 48126

Licensing: (313) 943-2015 Fax: (313) 943-2011

**For any individual who sells or offers to sell, food, beverages, goods or merchandise
from a stand, motor vehicle or his person
Not to include trailers or trucks**

THINGS TO DO BEFORE APPLYING FOR YOUR LICENSE

1. Obtain Wayne County Health approval if you are selling prepared food (*not* pre-packaged food under the MI Cottage Food Law.) Go to Wayne County website for instructions and application.
<https://www.waynecounty.com/departments/hhvs/wellness/food-service-licensing.aspx>
2. Obtain General Liability Insurance with the City of Dearborn as listed as the Certificate Holder. See packet for example.
3. Schedule a Fire Code and generator noise inspection, if needed, at **313 943-2884** (Dearborn Fire Department) or 248 506-3401 (Western Wayne County Fire Department Mutual Aid Association) This applies if you will be preparing any type of food.
4. Make an appointment with the Motor Carrier Officer at the Dearborn Police Department for a vehicle inspection at **313 943-2294**, 16099 Michigan Ave – call regarding hours, if you will be using a vehicle

WHAT TO BRING TO THE CLERK'S OFFICE

- Completed Business application
- Copy of applicant's ID
- Copy of general liability insurance policy with the City of Dearborn listed
- Copy of vehicle registration, plate number and insurance, if applicable. (auto only)
- Vehicle Inspection Report, if applicable
- Fire inspection report, if applicable
- A copy of the local health department's temporary event license (if required)
- Hold Harmless Form (included in packet)



Street Vendor License Application Temporary Event

George T. Darany, City Clerk

City of Dearborn, 16901 Michigan Ave. Ste. 11, Dearborn, MI 48126
313-943-2010

DATE: _____

Name of Owner/Applicant: _____

Street address of Owner: _____

City, State, Zip: _____

Owner's phone number: _____

* * * * *

Name of Business to be licensed: _____

Street Address of Business: _____

City, State, Zip: _____

Business phone number: _____

Description of Business Activity

Specific location, if any, where you will be conducting business:

If using a motor vehicle:

Description of vehicle: _____

Vehicle identification number and license plate number:

WILL YOU BE SERVING FOOD? Y / N

IF SO, HAVE YOU APPLIED FOR THE WAYNE COUNTY HEALTH DEPARTMENT TEMPORARY FOOD ESTABLISHMENT LICENSE? (Must provide copy of approval) Y / N

CODE	TYPE OF LICENSE	FEE
<u>117</u>	<u>STREET VENDOR</u>	\$ <u> </u>

I HEREBY SWEAR OR AFFIRM THAT ALL STATEMENTS MADE HEREIN ARE TRUE & CORRECT.

X_____

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER (Company Name & Address)	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Your name or Business name & Address	INSURERS AFFORDING COVERAGE INSURER A: (Insurer Name) INSURER B: INSURER C: INSURER D: INSURER E:	NAIC# (NAIC#)

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is an additional insured as per contract requirements.

CERTIFICATE HOLDER

City of Dearborn 16901 Michigan Avenue Dearborn, MI 48126 fax (313) 943-2011

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

HOLD HARMLESS/INDEMNIFICATION FORM

I _____, having reviewed the rules, regulations and requirements for a City of Dearborn Food Truck License found in Chapter 12, Article VIIA of the Dearborn Code of Ordinances, does hereby expressly release and agree to defend, indemnify and hold harmless the City of Dearborn, a municipal corporation, and its officers, agents, departments, elected and appointed officials, volunteers, and employees from any and all claims, liabilities, or lawsuits, including legal costs and attorney fees, resulting from any damage to property or injury to persons that may occur as a result of any activity from or in any way related to food truck functions and operations, including but not limited to, the operation of a food truck, the service or offering for sale of food and/or beverages from a food truck, and the purchase and/or consumption of food or beverages from a food truck.

Signature of Applicant

Date

Print Name

Signature of Owner (if different than applicant)

Date

Print Name

Dearborn Police Department Motor Carrier Unit

Commercial Vehicle Inspection Form (DPD # 916)

Motor Carrier Office (313) 943-2294

Company Name:		
Address:		City:
State:	Zip:	Phone:
VEHICLE IDENTIFICATION		
Make:	Model:	Mileage:
VIN:		Plate Number:
Unit Number:	City License Number:	

The above vehicle must be inspected for compliance with the Michigan Motor Vehicle Code (PA 300) and all applicable City Code of Ordinances prior to approval for use in the City of Dearborn. This inspection must be conducted by a mechanic certified by the State of Michigan to perform such inspections. Inspection items include, but are not limited to, the following:
(Check either PASS or FAIL. Initial any approved rechecks in the PASS column)

PASS	FAIL		PASS	FAIL	
		Heaters & Defrosters			Tires
		Horn			Wheels, Rims & Lugs
		Speedometer			Lights & Reflectors
		Wiring			Steering Components
		Parking Brake			Suspension
		Front Brakes			Tail & Stop Lamps
		Rear Brakes			Frame
		Headlights & High Beams			Fuel System
		Windshield			Battery
		Windshield Wipers & Washers			Hoses & Belts
		Front & Rear Turn Signals			Exhaust System

MECHANIC'S INFORMATION

Mechanic's Name: (Printed)	Date of Inspection:
Certification Number:	
Employer Name and Address:	

"I have inspected the above vehicle and items and certify this vehicle to be in compliance with the Michigan Motor Vehicle Code, and I certify all above information is truthful and accurate."

Signed: _____ Date: _____

Meter:	Pass	Fail	Officer Assigned:	Date:
Vehicle:	Pass	Fail		