



Vendor Vehicle 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

**Any vehicle, such as trailers or trucks, used for displaying, storing
or transportation of articles for sale**

Not to include Food 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://waynecounty.com/departments/hhvs/wellness/food-service-licensing.aspx>.
2. Obtain General Liability Insurance with the City of Dearborn listed as Certificate Holder.
3. Schedule a Fire Code and generator noise inspection, if you will be preparing any type of food, at **313 943-2884** (Dearborn Fire department) or 248 506-3401 (Western Wayne County Fire Mutual Aid Association)
4. Make an appointment with the Motor Carrier Office for a vehicle inspection at **313 943-2294**. 16099 Michigan Avenue – call regarding business hours. Applies to all applications
5. Make sure you have a Michigan Chauffer's License (if vendor vehicle is over 10,000 lbs.)

WHAT TO BRING TO THE CLERK'S OFFICE

- Completed Business
- Copy of applicant's ID
- iChat results and approved Police Referral form
- A copy of the general liability insurance policy
- A copy of the vehicle registration & vehicle insurance certificate
- A copy of the approved vendor vehicle inspection report (Motor Carrier Unit – Police)
- A copy of approved fire inspection
- Hold Harmless Form (included in packet)



Street Vendor Vehicle Application

George T. Darany, City Clerk

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

☐ Existing Business
New Owner

☐ New Business

Date of Application

Name of Owner/Applicant: _____

Street address of Owner: _____

City, State, Zip: _____

Owner's phone number: _____

Driver's License number: _____

Name of Business to be licensed: _____

Street Address of Business: _____

City, State, Zip: _____

Business phone number: _____

Description of Products being sold from the vehicle:

Commercial address where food vehicle will be stored after business hours:

Description of Vehicle: _____

Vehicle Registration number and Plate number: _____

Will you be serving food: Y/N

IF SO, HAVE YOU APPLIED FOR A WAYNE COUNTY HEALTH DEPARTMENT FOOD HANDLER CERTIFICATE? (Must provide copy of approval) Y/N

CODE	TYPE OF LICENSE	FEE
<u>118</u>	<u>VENDOR VEHICLE</u>	<u>\$ 150.00</u>

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

X
SIGNATURE OF OWNER/APPLICANT

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		

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 LTR INSRD	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"/> PRO-JECT <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 <input type="checkbox"/> 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 STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

CANCELLATION

City of Dearborn
 16901 Michigan Avenue
 Dearborn, MI 48126

fax (313) 943-2011

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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