



**APPLICATION FOR VENDOR LICENSE**

Clerk Treasurer's Office  
101 W. Washington St  
Knox, Indiana 46534  
(574) 772-3032

*This application form request information which will be used to determine your eligibility for issuance of a license. Failure to provide the information will result in a denial of the license. If space is insufficient, please attach additional sheets.*

**INSTRUCTIONS TO APPLICANT:** The applicant must deliver a completed application to the Clerk Treasurer's Office at City Hall accompanied by all items required by this application. If the application is not complete, the Clerk Treasurer's Office will contact the applicant for further information.

The entire review process could take up to 45 days. The Clerk-Treasurer and Mayor will review the application and either approve or deny the application. If the application is denied, you have the right to address the Board of Works. You must submit your request in writing and then appear at the next regularly scheduled meeting of the Board to answer any questions regarding the application. If you are unable to appear or fail to appear at this meeting, the Board may table the application to a future meeting or proceed in your absence. The Board meets at 9:30 a.m. (C.S.T) on the 4<sup>th</sup> Wednesday of each month, unless said date occurs on a holiday. In that event of a holiday, the Board meets at an alternate date. The meeting occurs at City Hall, which is located at 101 W. Washington St., Knox, Indiana in the Common Council Chambers.

If the application is approved, the Clerk Treasurer's Office will issue the license to the applicant upon payment of the license fee and any other conditions imposed, such as remittance of certificate of insurance.

**CHOOSE TYPE OF VENDOR LICENSE SEEKING AND THE LENGTH OF SAID LICENSE**

- Canvasser/Peddler/Solicitor:     day (\$10.00)  week (\$25.00)  month (\$50.00)  \$250.00 (year)
- Street Vendor:                       day (\$10.00)  week (\$25.00)  month (\$50.00)  \$250.00 (year)
- Transient Merchant:                 90 days (\$25.00) (license only good for 90 days)
- Mobile Food Vendor:                 8 hours (\$25.00)

*(Definitions of each vendor are provided at the end of this application).*

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Permanent Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Indiana Sales Tax ID Number: \_\_\_\_\_  
 Have you ever had a vendor license issued by the City revoked?  Yes  No  
 If yes, list the date the license revoked? \_\_\_\_\_

Have you had a complaint against your business with the Better Business Bureau, the Office of the Attorney General, or the Knox City Police Department within the last 12 months?  Yes  No

If yes, explain the following:

How many complaints have you had? \_\_\_\_\_

Who was complaining and why? \_\_\_\_\_

What was the result of said complaint? \_\_\_\_\_

**PLEASE CHECK IF APPLICABLE TO APPLICANT AND VENDOR LICENSE SOUGHT:**

- I am an Indiana not-for-profit fraternal organization.
- I am an Indiana not-for-profit organization tax exempt under the Internal Revenue Code Section 501(c)(3).
- I am an Indiana not-for-profit veterans' organization.
- I am a parent, guardian, and/or custodian for a person, age 17 and under, selling merchandise, services, or seeking donations on behalf of a school, church, sports, Boys & Girls Clubs, or scouting organization.

If one of the aforementioned boxes are checked, are you requesting a waiver of the license fee?  Yes  No

**EMPLOYEE INFORMATION**

List the number of employees/agents that will be transacting business under this license:

For each employee/ agent transacting business under this license, list the following for each individual:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

*(Attach additional sheets if necessary).*

**CONVICTION OF FELONY, MISDEANOR, OR ORDINANCE VIOLATION**

Has applicant or any employee of agent of applicant listed in this application ever been convicted of a felony, misdemeanor or violation of any ordinance?  Yes  No

If yes, identify the person(s) convicted of the offense, describe the nature of the offense(s), date(s) of conviction, and punishment(s) thereof. Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

**SALE INFORMATION**

Provide a detailed description of the business applicant intends to transact:

\_\_\_\_\_

Provide a detailed statement of the nature, character, and quality of the item or service to be sold by applicant:

\_\_\_\_\_

Specifically identify all location(s) where applicant intends to transaction business with this license, including if applicable a detailed site configuration and street access locations:

\_\_\_\_\_

Will you be conducting business on private property, which means property that you own or another person owns and is not owned by the City?  Yes  No

If yes, please state the name(s) and address(es) of the legal owners of the property:

\_\_\_\_\_

Have you obtained permission and consent from the legal owners to utilize this property?  Yes  No  
*(If yes, the legal owners must provide their consent in writing and the consent must be attached to this application).*

Dates of Sale: \_\_\_\_\_

Hours of Sale: \_\_\_\_\_

Number of parking spaces to be utilized: \_\_\_\_\_

Will signage be utilized?  Yes  No

If yes, provide a detailed description of signage: \_\_\_\_\_

Is a photo, picture, and/or illustration of the signage attached to this application?  Yes  No

Will you be advertising the business you intend to transact?  Yes  No

If yes, describe exactly what advertising you plan to transact? \_\_\_\_\_

Copies of your advertising must be attached to this application. Have you attached copies of all advertising (ie: handbills, circulars, newspaper advertising) to this application?  Yes  No

If no, explain why? \_\_\_\_\_

Will a tent be utilized?  Yes  No

If yes, what is the size of the tent: \_\_\_\_\_

Will there be vehicles used to transact business pursuant to this license?  Yes  No

If yes, provide the following information:

Year/Make/Model	VIN Number	License Plate Number (State)

**CONTACT INFORMATION FOR QUESTIONS/CONCERNS DURING HOURS OF OPERATION**

Name of manager/supervisor available during hours of operation/solicitation:

Phone number(s): \_\_\_\_\_

**ATTACHMENTS TO THIS APPLICATION (please check if information is attached)**

- Photo identification for applicant.
- Photo identification for all applicant's employees conducting sale pursuant to license.  
Suitable forms of photo identification include the following, which must be valid and unexpired:
  - 1.) driver's license;
  - 2.) state-issued identification;
  - 3.) learner's permit,
  - 4.) active U.S. military identification card;
  - 5.) passport;
  - 6.) U.S. Certificate of Naturalization;
  - 7.) U.S. Permanent Resident Card; and
  - 8.) U.S. Employment Authorization Card.
- Charter or Articles of Incorporation and current listing of all directors, partners, and principals, if applicable.
- Food Establishment Permit from Starke County Health Department, if applicable.
- Written consent to locate on private property from property owner, if applicable.
- Photo, picture, and/or illustration of the signage, if applicable.
- Copies of all advertising (ie: handbills, circulars, newspaper advertising), if applicable.
- A valid certificate signed by the Sealer of Weights and Measures, if applicable.
- Additional documents, please describe: \_\_\_\_\_

**APPLICANT CERTIFICATION/ WAIVER & RELEASE**

I hereby certify and declare under the penalties of perjury under the laws of the State of Indiana that the information containing in this application is true and accurate. I acknowledge that I have read Ordinance No 2020-OR#8 "Ordinance to amend Sec. 8.26 through Sec. 8-41 in Article II of the Knox Municipal Code, commonly known as the Regulations for Peddlers". I understand the granting of a permit does not presume to give authority to violate or cancel provisions of any other local or state law regulating such activities.

Applicant hereby waives, releases and discharges on behalf of himself, or by any other person or entity acting on his behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, the City from any and all claims or demands therefore on account of injury, loss, or damage to person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind on account of, growing out of, or which may result from the issuance of a vendor license to the Applicant by the City and any and all activity conducted as a result thereof, which arise or in the future may arise. The Applicant expressly agrees to indemnify and hold the City harmless from any and all claims or demands therefore on account of injury, loss, or damage to person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind by the Applicant, or by any other person or entity acting on his behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, on account of, growing out of, or which may result from the issuance of a vendor license to the Applicant by the City and any and all activity conducted as a result thereof, which arise or in the future may arise. It is expressly intended that such indemnification and hold harmless obligation shall extend to and include attorney fees and costs incurred by the City in defending any claim, causes of action, wrongful death causes of action, or demands taken by the Applicant.

This Waiver & Release of Liability shall be construed and enforced in accordance with the laws of the State of Indiana. Should any portion of this Waiver & Release of Liability be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver & Release of Liability shall be severable from the remaining portions herein and the invalidity, void ability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver & Release of Liability. The Applicant declares that he/she is over the age of eighteen (18) years, of sound mind, and has carefully read this Waiver & Release of Liability and understands and consents to the terms herein. The Applicant further declares and represents that no promise, inducement or agreement not herein expressed has been made to the Applicant, and that the terms of this Waiver & Release are contractual and not a mere recital.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

STATE OF INDIANA            )  
  ) SS:  
COUNTY OF \_\_\_\_\_)

Before me, the undersigned, a Notary Public, in and for said County and State, this \_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, personally appeared the individual and acknowledged the execution of the forgoing document. In witness whereof, I have subscribed my name and affixed my officials seal.

My commission Expires: \_\_\_\_\_

\_\_\_\_\_, Notary Public

Resident of \_\_\_\_\_ County

**If license is approved, you must do the following:**

- Submit payment for your license fee to Clerk Treasurer's Office.
- Obtain a placard.

Placard must be displayed at all times to be easily seen by the public.

- You may be required to obtain and submit to the Clerk Treasurer's Office a Certificate of Insurance naming the City as additional insured with liability coverage in the amount of not less than \$100,000 for property damage for any one occurrence and general liability in the amount of \$300,000 for bodily injury, including death, for any one occurrence. The Certificate of Insurance must contain the following provision: *The City through the Office of the Clerk-Treasurer will be given fifteen (15) days' notice prior to the effective date of the cancellation, expiration, or a material change to this policy.*
- You may be required to perform any other terms and conditions as specified by the Board as a condition of your license.

**Definitions:**

***Canvasser.*** Every person who seeks opinions, preferences, or other information for commercial purposes.

***Mobile Food Vendor.*** Every person who operates a self-contained food service operation, located in a readily movable motorized wheeled or towed vehicle, used to store, prepare, display or serve food intended for individual portion service on or in public, private, or restricted spaces. Mobile food vendors planning to operate in Knox must first receive a food establishment permit from the Starke County Health Department.

***Peddler.*** Every person who sells or offers for sale goods, wares, or merchandise directly by going from house-to-house, door-to-door, business-to-business, or any other place-to-place movement.

***Required Identification.*** Suitable forms of photo identification to apply for a license include the following, which must be valid and unexpired: 1.) driver's license; 2.) state-issued identification; 3.) learner's permit, 4.) active U.S. military identification card; 5.) passport; 6.) U.S. Certificate of Naturalization; 7.) U.S. Permanent Resident Card; and 8.) U.S. Employment Authorization Card.

***Solicitor.*** Every person not carrying goods, wares, or merchandise, but taking orders for future delivery of goods, wares, merchandise or services, or soliciting for money, or other things of monetary value by going house-to-house, door-to-door, business-to-business, or any other place-to-place movement.

***Street Vendor.*** A person who sells, offers for sale, exposes for sale, solicits offers to purchase, or barter food, goods, or services in a street, alley, sidewalk, or other public place or right-of-way from a stand, pushcart, or by person.

***Transient Merchant.*** Every person who engages in the sale of goods, wares, merchandise, or services in any place in the City on a temporary basis and does not anticipate becoming an established business merchant for a continuous period of 180 days or longer. A transient merchant includes any person who rents, erects, purchases, uses, or occupies any vehicle, room, building, structure, or lot, including but not limited to those located in or along parking lots, shopping centers, or other areas for the purpose of purchasing, selling, or offering for sale anything of value at such location without becoming an established business merchant. This definition excludes mobile food vendors. A person so engaged as a transient merchant shall not be relieved from complying with the provisions of this Article merely by reason of associating temporarily with any local dealer, trader, merchant or auctioneer, or by conducting such transient business in connection with, as a part of, or in the name of, any local dealer, trader, merchant, or auctioneer. Anyone conducting business as set forth in this definition within the City for a period of less than 180 days shall be deemed a transient merchant.

FOR OFFICE USE ONLY

Date License Approved \_\_\_\_\_

Date License to Expire from Date of Approval \_\_\_\_\_

Did you issue City Identification Placard?  Yes  No

Did you make a copy for the City Identification Placard you issued?  Yes  No

IF applicable, Did Applicant submit Certificate of Insurance meeting all requirements of Ordinance?  
 Yes  No

License # \_\_\_\_\_

\_\_\_\_\_  
CLERK-TREASURER APPROVAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MAYOR APPROVAL

\_\_\_\_\_  
DATE