



VENDING APPLICATION/PERMIT
 City of Kalispell
 P.O. Box 1997 – Kalispell, MT 59903
 Ph. 406-758-7849 Fax. 406-758-7719
 kpr@kalispell.com

OWNER NAME & BUSINESS:	PERMITTED VENDING LOCATION (<i>use page 2 for multiple park and vending locations</i>) or SPECIAL EVENT:
ADDRESS:	<input type="checkbox"/> Yes Right of way street vending requested? <input type="checkbox"/> No NOTE: Excludes park locations – must follow parking laws and regulations.
TELEPHONE #: EMAIL:	GOODS AND/OR SERVICES AUTHORIZED TO BE SOLD:
VEHICLES (DISCRIPTION AND LICENSE):	
ATTACHED REQUIREMENTS (IF APPLICABLE): <input type="checkbox"/> Special event host’s liability insurance may or may not cover special event vendors. All vendors not covered by event insurance require a Certificate of Liability Insurance in the amount of at least \$750,000 per occurrence and \$1.5 million aggregate must accompany this application prior to any permit being issued. The Certificate of Insurance must name The City of Kalispell as additionally named insured on the policy. For insurance questions please contact the city attorney’s office at (406) 758-7977. _____ (initial) Vendor has met requirements and regulations of County Health Dept and State of Montana <input type="checkbox"/> Kalispell Youth Athletic Complex / Organization permission letter if applicable. Must have vendor liability insurance. Must have permission of event host to attend event. <i>Not applicable to special event permit:</i> <input type="checkbox"/> Proof of identity copy	FEES: <input type="checkbox"/> \$100 annual permit <input type="checkbox"/> \$25 special event permit Permit valid for a single event, of no longer than 3 consecutive days. PAYMENT OPTIONS (<i>please select one</i>): <input type="checkbox"/> Mailing check & form <input type="checkbox"/> Emailing/faxing form & calling with credit card <input type="checkbox"/> In office (Monday-Friday 8-5pm) <i>In office use only</i> DATE OF PERMIT: EXPIRATION DATE: PAYMENT/RECEIPT NUMBER:

 Vendor Signature

 KPR Director or Designee Approval Signature

 Date

 Date

To be completed by vendor when multiple city owned properties, dates and times are being utilized.

Monday	Location(s)	Times

Tuesday	Location(s)	Times

Wednesday	Location(s)	Times

Thursday	Location(s)	Times

Friday	Location(s)	Times

Saturday	Location(s)	Times

Sunday	Location(s)	Times

_____ (initial) We acknowledge the city list of vendors with current permits will be shared with the public upon request.