



# City of Wabash

## BUILDING DEPARTMENT

202 S Wabash St  
Wabash, IN 46992  
Phone-260.274.1491  
Fax-260.563.0876  
cityofwabash.com

### TRANSIENT MERCHANT (FOOD TRUCK) APPLICATION

OFFICE USE ONLY

PERMIT #: \_\_\_\_\_

RECEIVED DATE: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

PERMIT COST: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

PAYMENT TYPE: \_\_\_\_\_

#### APPLICANT INFORMATION

APPLICANT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS EMAIL : \_\_\_\_\_ TAX ID # \_\_\_\_\_

NAME AND ADDRESS OF ALL MEMBERS/OFFICERS OF FIRM, LLC, OR CORPORATION:

_____	_____
Name	Address

_____	_____
Name	Address

DATE OF INCORPORATION/ORGANIZATION: \_\_\_\_\_ STATE OF INCORPORATION/ORGANIZATION: \_\_\_\_\_

DATE OF QUALIFICAION IN INDIANA (IF APPLICABLE): \_\_\_\_\_

REGISTERED AGENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

REGISTERED AGENT ADDRESS: \_\_\_\_\_

#### BUSINESS DETAILS

TYPES OF PRODUCTS OR SERVICES TO BE SOLD: \_\_\_\_\_

PLANNED HOURS OF BUSINESS OPERATION: \_\_\_\_\_

ADDRESS(ES)/AREA WHERE BUSINESS WILL BE CONDUCTED: \_\_\_\_\_

☐ ATTACH WRITTEN AUTHORIZATION FROM PROPERTY OWNER (if applicable)



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### OTHER MUNICIPALITIES/GOVERNMENT UNITS IN WHICH THE BUSINESS HAS BEEN LICENSED:

Name	Date of Licensure
Name	Date of Licensure

#### LICENSE SOUGHT:

- ITINERATE BUSINESS: ☐ ONE DAY(\$25) ☐ THREE DAY(\$35) ☐ SEVEN DAY(\$50) ☐ THIRTY DAY(\$75)  
☐ THREE MONTH(\$150) ☐ SIX MONTH(\$200) ☐ ONE YEAR(\$300)  
FOOD TRUCK: ☐ ONE YEAR(\$100) ☐ RENEWAL(\$50)

#### REQUIRED PERMIT APPLICATION ATTACHMENTS

ONE COPY OF THE FOLLOWING SHALL BE INCLUDED WITH APPLICATION:

Submit digital copies to:

buildingdepartment2@wabashcity.in.gov

- ☐ COPY OF PERMIT(S) FROM WABASH COUNTY HEALTH DEPARTMENT (If applicable)
- ☐ PROOF OF BUSINESS REGISTRATION IN THE STATE OF INDIANA
- ☐ PROOF OF EMPLOYER IDENTIFICATION NUMBER (EIN)
- ☐ APPROVAL FROM WABASH PARKS BOARD (if applicable)
- ☐ PROOF OF INSURANCE
  - a. **Personal Injury \$100,000.00 per occurrence and \$300,000.00 in the aggregate; and**
  - b. **Property Damage: \$25,000.00 per occurrence and \$50,000.00 in the aggregate.**
- ☐ COPY OF VEHICLE REGISTRATION (for mobile vendors)
- ☐ COPY OF VALID DRIVERS LICENSE (for mobile vendors)
- ☐ PROOF OF FEE EXEMPTION (if applicable)
- ☐ SIGNED INDEMNITY AND HOLD HARMLESS AGREEMENT IN FAVOR OF THE CITY OF WABASH

#### CERTIFICATION & NOTICE OF INTENT TO COMPLY

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements may result in the rejection of my application. I further acknowledge that the Building Department and/or City of Wabash Enforcement Authority is hereby authorized to enter the premises to perform necessary inspections and that the violation of applicable codes and ordinances may result in the assessment of fines and penalties.

Authorized Agent (signature)

Authorized Agent (printed)

Date

Approved By (Department Representative)

Date

#### Comments/Conditions