Clerk-Treasurer's Office 1005 Ridge Road Munster, IN 46321



INFORMATION FOR TRANSIENT MERCHANT / MOBILE VENDOR LICENSE

PLEASE READ CAREFULLY! THIS INFORMATION WILL GUIDE YOU THROUGH THE PROCESS OF OBTAINING A TRANSIENT MERCHANT LICENSE

(PER TOWN CODE 10-201)

- **1.** Fill out application fully and bring government issued identification.
- Application will undergo a <u>NON-REFUNDABLE</u> (\$25.00 fee) Background Check. (Fee is due at time of application and <u>DOES NOT</u> apply to the cost of the license.) The background check generally takes between 2 (two) to 10 (ten) days to complete. <u>A separate background check MUST be completed for each worker.</u>
- Upon approval of background check, bring the following documents and submit with your application:
 (a) A copy of the applicant's Lake County Indiana Health Dept. Permit
 - (b) Signed letter(s) from the property owner(s) granting permission for the applicant to operate on their property. The letters <u>MUST INCLUDE</u> the date(s), hours and location(s) for which permission is granted.

NOTE: Town Code Sections 26-511, 26-531, 26-551 & 26-571 permit operation of food trucks only in areas zoned as business or manufacturing.

4. Once the previous steps are completed and approved by the Munster Fire Department, we will call you to obtain you license. Licenses are issued for:

One Week - \$25.00 One Month - \$40.00 One Year - \$75.00

Helpful Hints!

- * Steps 1-3 must be completed before payment will be accepted for the license fee.
- *Licenses will be site-specific based on the letter(s) from the property owner(s).
- *No credit will be issued for licenses issued earlier in the year once said license has expired.
- *Background check results are good for one year.
- *Vehicle inspection results are good for one year.

(Applicant Name)

(Date)

 (Email)
 (Phone Number

 OFFICE USE ONLY: INITIAL AND DATE AS COMPLETED

 Background Check : ______
 Fire Inspection: ______ Health Certificate: ______

 Letter(s): ______
 Zoning Verification: ______

DEPARTMENT OF POLICE ONLY

Approved: _____ Denied: _____

APPLICATION FOR TRANSIENT MERCHANT / MOBILE VENDOR LICENSE

PLEASE PRINT LEGIBLY!

Name of Applicant: Phone Number: Present Address:			Driver's License #: Email:					
								(City)
			List any addresses fr	rom the past 10 years:				
(Street)			(City)		(State)	(Zip)		
(Street)			(City)		(State)	(Zip)		
What company do you represent?			Product or Service or be rendered?					
Dates and location	n(s) of intended solicitation?	?						
Description of vehi	icle being used:							
(Make)	(Model)	(Color)	-	(Licens	;e)	(State)		
Do you have a crim *Other than traffic viol	ninal misdemeanor arrest re ations	cord?	0	Yes	0	Νο		
Year of arrest	Name of Charge		Locat	Location		Disposition		
	oove information is correct, unster Town Ordinance gov p		citing ma					
	(Signature)					(Date)		