



HUTCHINSON

A CITY ON PURPOSE.

MULTI-VENDOR SPONSORED EVENT LICENSE APPLICATION

This license application is for events hosted by an individual/entity/organization that will have three or more vendors in attendance.

Name of Individual/Entity/Organization Sponsoring Event:

(please print)

Address of Individual/Entity/Organization Sponsoring Event:

Contact person sponsoring event: _____

(please print)

Contact person phone number: _____

1. Name/Type of Event:

2. Location of Event:

3. Date(s) of Event:

4. Time of Event:

5. Number of food vendors at event:

6. Number of transient merchants at event:

Printed Name of Event Organizer

Signature of Event Organizer

*

Date

*By signing this application, the event organizer affirms that they will/have confirmed that all vendors at event are licensed by the State of Minnesota if required and that the event sponsor will assume responsibility of the vendors at the event. The event organizer also agrees to comply with all requirements of Chapter 111 of the Hutchinson City Code pertaining to transient merchants and food vendors.

** This license will not be issued to the same applicant or for the same location more than four times in a calendar year and each license is limited to a period of up to three consecutive days.

Checklist (all items must be checked "yes" in order for the application to be processed)

The following items need to be completed and/or attached in order for the application to be processed:

Copy of certificate of insurance that meets or exceeds limits established in the ordinance: yes no

Application fee paid in full (\$30.00): yes no

Application completed in full and signed: yes no

Release of Information Form completed: yes no



Release of Information Form

As an applicant for a license from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking an application for a license, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information <i>(Please Print)</i>			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License Number:	_____		

Applicant's Signature

Date