

CITY OF LYNDEN



STREET VENDING PERMIT APPLICATION

Date of Application: _____ Fixed Place \$75.00 Non-Fixed Place \$25.00

Applicant

Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Business

Name of Business: _____

Type of Street Vending: Food Non-Alcoholic Beverages Flowers Other

Explanation, as needed:

Address of Proposed Location(s), or brief description of vending route if applicable:

1. _____

2. _____

Name of Adjoining Property Owner/Tenant: _____

Address: _____ Telephone Number: _____

Name of Adjoining Property Owner/Tenant: _____

Address: _____ Telephone Number: _____

Please attach the following to this application:

1. Copy of Lynden Business License
2. Drawing of location and/or route of travel
3. Sketch of unit and area(s)
4. Consent of adjoining property owner (and tenant if applicable)
5. Health Department Permit (if applicable)
6. Certificate of Insurance – Naming the city of Lynden as additional insured and in a minimum amount as follows:
 - \$500,000 bodily injury/liability
 - \$ 50,000 property damage/liability
 - \$500,000 Combined single limit/bodily injury and property damage

Applicant's signature: _____ **Date:** _____

Approved by: _____ **Date:** _____
Public Works Director

Permit Expiration Date: December 31, Annually