

Dept. of Business & Neighborhood Services
Business Licensing
200 E. Washington St., Suite 107
Indianapolis, IN 46204
Phone: (317) 327-4316
Email: licensing@indy.gov

New Renewal



License Fee: \$99.00
Vendor Cart Transfer: \$69.00
Vendor Cart Franchise Zone
Drawing Fee: \$40.00

CART VENDOR LICENSE

Application

Applicant Name _____

Applicant Contact _____
Street Address _____, _____, _____ ZIP Code

Email Address _____ Phone Number _____

Business Name _____

Business Contact _____
Street Address _____, _____, _____ ZIP Code

Email Address _____ Phone Number _____

Applicant Age _____ **Length of time this business has been in Indianapolis** _____

Legal Status of Business (check box that applies)

Individual Proprietor Partnership Corporation LLC

List the state where incorporated or authorized (if corporation). _____

Registered Agent Name _____

Registered Agent Address _____
Street Address _____, _____, _____ ZIP Code

If a Corporation, list the Principal Office of Corporation. _____

If a Corporation or Partnership, list the name and address of each corporate officer or partner.

Name _____ Street Address _____, _____, _____ ZIP Code

Name _____ Street Address _____, _____, _____ ZIP Code

Name _____ Street Address _____, _____, _____ ZIP Code

Name _____ Street Address _____, _____, _____ ZIP Code

Has the applicant or any partner or corporate officer for the applicant business ever been denied a license or had a license revoked or suspended?

Yes No

Has the applicant, partner or any corporate officer of the business ever been arrested or convicted of a felony, misdemeanor or ordinance violation other than a minor traffic charge? If yes, type of conviction and jurisdiction.

Yes

No

Additional Vendor Information

List the number of carts being registered with our office _____

Dimensions of the Cart

Cart Height (exclusive of canopy) _____

Length: _____

Width: _____

Is this cart a wheeled vehicle that is not propelled by a motor?

Yes

No

Commissary Information

Street Address _____

City _____

, State _____ ZIP Code _____

Please indicate that you agree or disagree by marking yes or no for the following statements.

1. Licensee is in good standing and has not had any license/registration to operate a business revoked/suspended.
Yes No

2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness.
Yes No

3. The person signing this application has the authority to sign for the business being licensed.
Yes No

4. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law.
Yes No

5. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public.
Yes No

6. Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material.
Yes No

7. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose.
Yes No

8. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials.
Yes No

9. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.
Yes No

10. Licensee agrees to notify the Department of Business & Neighborhood Services in writing before assigning or transferring the license to any other person (if permitted by ordinance).

Yes

No

11. Licensee agrees to apply in writing to the Department of Business & Neighborhood Services before changing the location of the business (if permitted by ordinance).

Yes

No

12. Licensee agrees to give the Department of Business & Neighborhood Services written notice once the business ceases to exist.

Yes

No

13. Licensee agrees to give the Department of Business & Neighborhood Services written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs.

Yes

No

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature

Name Printed

Date