



CART VENDOR LICENSE CHECKLIST

***PLEASE NOTE THAT APPLICATIONS SUBMITTED WITHOUT THE ITEMS BELOW WILL NOT BE REVIEWED.

- ___ 1. **PRIOR TO REGISTRATION**, APPLICANT IS RESPONSIBLE FOR SCHEDULING THE **MARION COUNTY HEALTH INSPECTION** FOR EACH CART & COMMISSARY. CALL 317-221-2222 FOR MORE INFORMATION.
- ___ 2. COMPLETE **APPLICATION**. INCLUDE DIMENSIONS OF ALL CARTS (DEPTH, HEIGHT, & WIDTH).
- ___ 3. PROVIDE **THREE PHOTOS OF EACH CART**: FRONT, BACK AND SIDE.
- ___ 4. PROVIDE **TWO PASSPORT SIZEd PHOTOS** OF THE APPLICANT AND EACH EMPLOYEE WORKING THE CART NOT LARGER THAN 2" x 2".
- ___ 5. PROVIDE A COPY OF THE **INSURANCE POLICY** THAT HOLDS HARMLESS THE CITY FOR LOSS OF EXPENSES ARISING OUT OF OPERATING CARTS; \$100,000/\$300,000 PERSONAL INJURY \$25,000/\$50,000 PROPERTY DAMAGE. THE CITY OF INDIANAPOLIS MUST BE LISTED AS **ADDITIONAL INSURED** ON THE POLICY.
- ___ 6. **LICENSE FEE** IS \$99.00 PER CART.
- ___ 7. **AFTER REGISTRATION**, APPLICANT IS RESPONSIBLE FOR SCHEDULING THE **DCE INSPECTION** FOR EACH CART. (CONTACT DCE AT 317-327-4316 FOR INFORMATION).
- ___ 8. **CART ZONE DRAWING FEE** OF \$40.00 TO BE PAID BEFORE SEPTEMBER 1 FOR EACH LICENSED CART

THE LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR.