



## City of Shepherdsville Mobile Food Unit Vendor Permit

Name of applicant: \_\_\_\_\_

Name of business: \_\_\_\_\_

DBA: \_\_\_\_\_

Description of business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Location(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Vehicle/Trailer to be used: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

\_\_\_\_\_

Will you have Employees at the requested location(s) \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please specify the number of employees and their names below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Licensee hereby agrees that it will indemnify and hold the City of Shepherdsville, its officers, employees, and agents harmless from any and all claims of damage to person(s) or property which may result from activities permitted hereunder, and shall, if requested, furnish corporate surety or proof of insurance for such indemnity and in such manner and amount as may deemed requisite.

It is understood that for the reasons of safety or traffic flow, any law enforcement officer may move licensee or his/her agent from specified location.

Permit applied for and all terms and stipulations agreed to by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date