



**City of Wilmington**  
 Department of Licenses and Inspections  
 800 N French Street  
 Wilmington, DE 19801

Phone: (302) 576-3030

Fax: (302) 576-4423

**MOBILE FOOD SERVICE ESTABLISHMENT LICENSE/PERMIT APPLICATION**

**PREREQUISITES AND REQUIRED DOCUMENTS TO PROVIDE WITH APPLICATION:**

- Copy of State of Delaware Business License
- Copy of City of Wilmington Business License
- Copy of State of Delaware Department of Public Health Inspection
- Inspection and approval from Fire Marshall's Office
- Completed hold harmless agreement and insurance requirements form (insurance policy must have the City listed on the policy as an additional insured)
- Proof of General Commercial Liability Insurance
- Copy of Driver's License
- Proof of Vehicle Registration
- Proof of Vehicle Insurance
- Picture of Vending vehicle
- License Plate Number
- Detailed Information relative to items being sold, prices, and suppliers

<b>BUSINESS INFORMATION</b>					
Business Name (DBA):					
Is the Business Incorporated?	YES OR NO				
If yes, please print the names of all individuals authorized to conduct business on behalf of the corporation and provide signatures (attach separate sheet if necessary)					
Print Name:		Signature:			
Print Name:		Signature:			
Print Name:		Signature:			
If the business is not incorporated, you as the business owner must personally sign and pay for all permit documents.					
Contact Person Name:					
Mailing Address:					
City:		State:		Zip Code:	
Email Address:					
Main Phone #:		Alternate Phone #:		Cell/Mobile Phone #:	

ABOUT YOUR MOBILE VENDING VEHICLE/TRAILER UNIT AND STORAGE			
Type of Products to be sold:			
Vehicle/trailer storage Address at night Line 1:			
Vehicle/trailer Storage Address at night Line 2:			
Vehicle/trailer Storage address at night State:		Vehicle/trailer storage address at night Zip Code:	
Vehicle/trailer Dimensions:		Will you be vending at night? <i>Note:</i> not available in all locations	YES OR NO
Does the issuance of this license directly or indirectly benefit any City employee (s)? YES OR NO	If yes, list the name (s) of employee(s):		

By signing this document, I understand that as the proprietor of the proposed mobile vending station, I take full responsibility for myself, the business, and/or my employees. By signature below, I agree to abide by laws, orders, ordinances, rules and regulations governing the above licensee and further agree that any misstatement of material fact may result in refusal of license or revocation if one has been granted. I agree that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

I understand that this permit expires annually and must be renewed.

It is understood that this and any application (s) shall become public record and the applicant (s) hereby waive(s) any rights to privacy with respect hereto. I/We hereby authorize the release of any criminal history record information to the City Clerk's office or licensing authority. I/We hereby waive any rights to privacy with respect hereto.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Administrative Use only*

Required Approvals:	Y or N	Date:	Signoffs:
Fire Department:	_____	_____	_____
Dept. of Public Health:	_____	_____	_____
L and I:	_____	_____	_____

## MOBILE VENDING HOLD HARMLESS AND INSURANCE REQUIREMENTS

**HOLD HARMLESS:**

The undersigned, its officers, employees, agents or representatives shall forever indemnify, defend and hold harmless THE CITY WILMINGTON, its officers, employees, agents or representatives from and against any and all claims, damages, actions, liability and expense, including reasonable attorneys' fees and court costs, in connection with loss of life, personal injury and/or damage to property arising from or out of the negligent or wrongful acts, intentional misconduct, or omissions or occurrence of omissions or commissions of the undersigned, its officers, employees, agents or representatives while operating, installing, removing the mobile food vendor cart and/or resulting from operation of a mobile food vending unit in the public right of way.

**INSURANCE REQUIREMENTS:**

Prior to permit issuance, permittee shall provide to the Department of Licenses and Inspections, a certificate of general commercial liability insurance from an insurance company duly licensed to transact such business in the State of Delaware and City of Wilmington with a minimum coverage amount of \$1,000,000.00 and an endorsement that names the City of Wilmington as an additional insured. As a food vendor, the insurance coverage must include vendor sales. The insurance coverages and limits required must be evidenced by a properly executed Acord 25 Certificate of Insurance on form or its equivalent. Each Certificate must be personally and manually signed by the Authorized Representative of the insurance company shown in the Certificate with proof that he/she is an authorized representative thereof. Thirty days' (30) written notice must be given to the Department of Licenses and Inspections of any cancellation, intent not to renew, or reduction in the policy coverages. The insurance coverages required herein are to be primary to any insurance carried by the City or any self-insurance program thereof. All claims made with the insurance policies must provide the retroactive date on the proof of coverage. Permit cannot be issued without City approval and all renewal certificates of annual ongoing events shall be provided to the City within 10 days of the policy expiration.

The undersigned has executed this Agreement the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_ (Name of corporation or individual)

By: \_\_\_\_\_ (Duly authorized officer)

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

Telephone: \_\_\_\_\_

STATE OF DELAWARE  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_ who is personally known to me or who  
has produced as identification: \_\_\_\_\_ and  
who did/did not take an oath.

NOTARY PUBLIC SIGNATURE

DATE

NOTARY SEAL/STAMP

\_\_\_\_\_

\_\_\_\_\_