## PLANNING AND DEVELOPMENT



Comments:

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## PUSHCART PERMIT APPLICATION

Applicant Information		
Name of Business:		
Business Address:		
Name of Applicant:		
Applicant Address:		
Primary Phone:	Alternative Phone:	
Email Address:		
Type of Cart:		
Type of Food:		
Specific location:		
	photograph of the pushcart drawing with a complete description of the site layout and equipment location copy of insurance copy of current Health Department license	
<ul> <li>Permit required prior to</li> <li>The permit is not transference</li> <li>The maximum term for</li> <li>Permit not valid during services</li> <li>The applicant agrees section 18-0311 relating</li> <li>The applicant agrees to or causes of action which the applicant must subproperty with the city coverage for bodily injuried</li> </ul>	able. s permit is one year. eet Fair. comply with all provisions of the City of Fargo Municipal Code, includ	ds rty
Applicant (Signature):	Date:	
Office Use Only		
Application: Approved	enied  Fee Paid:  Date Paid:	
Authorized Signature:		