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:	
Please attach the follow	ving: 1) photograph of the pushcart 2.) drawing with a complete description of the site layout and equipment location 3.) copy of insurance 4.) copy of current Health Department license
 Permit required permit is not. The permit is not. The maximum termit not valid. The applicant as Section 18-0311. The applicant as or causes of act. The applicant mercoperty with the coverage for book. 	must be accompanied by a permit fee of \$50. prior to operation. It transferable. Berm for this permit is one year. It during Street Fair. It agrees to comply with all provisions of the City of Fargo Municipal Code, including relating to pushcarts. It grees to indemnify and hold the City of Fargo harmless from any and all claims, demands the tion which may result from placement of and/or use of said pushcart on public property ust submit with this application proof of insurance to cover the risk of injury to person on the city of Fargo named as additional insured. The insurance shall provide minimum dily injury of \$1,000,000 per occurrence in the aggregate. Within the Central Business District.
Applicant (Signature):	Date:
Office Use Only	
Application: Approve	d Denied Fee Paid: Date Paid:
Authorized Signature:	