



PLANNING AND DEVELOPMENT

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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 following:
- 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

- The application must be accompanied by a permit fee of \$50.
- Permit required prior to operation.
- The permit is not transferable.
- The maximum term for this permit is one year.
- Permit not valid during Street Fair.
- The applicant agrees to comply with all provisions of the City of Fargo Municipal Code, including Section 18-0311 relating to pushcarts.
- The applicant agrees to indemnify and hold the City of Fargo harmless from any and all claims, demands, or causes of action which may result from placement of and/or use of said pushcart on public property. The applicant must submit with this application proof of insurance to cover the risk of injury to person or property with the city of Fargo named as additional insured. The insurance shall provide minimum coverage for bodily injury of \$1,000,000 per occurrence in the aggregate.
- Only permitted within the Central Business District.

Applicant (*Signature*): _____ Date: _____

Office Use Only

Application: Approved Denied Fee Paid: _____ Date Paid: _____

Authorized Signature: _____

Comments: