

VENDING APPLICATION PERMIT CBJ Parks and Recreation Department

			ermit Class:CommercialNon Profit ermit Type:FoodMerchandiseCombination	
_		*flame/BBQ for heating/o	NoYes - contact the Juneau Permit Center 586-0770 – attach copy	
		s and Contact Name:		
Mai	iling	Address/City/State/Zip:		
Day Time Phone Number: Email Address:				
Des	crib	e the goods to be sold:		
Des	crip	tion of vending vehicle, cart or	concession stand:	
Loc	atio	on requested:	H OF JULY-SAVIKKO PARK - TWO BOOTH LIMIT PER APPLICANT/BUSINESS LICENSE**	
		DOUGLAS 4 ^T	GF JULY-SAVIKKO PARK - TWO BOOTH LIMIT PER APPLICANT/BUSINESS LICENSE	
Dat	te(s)	requested: (Please att	ach a schedule with the times and dates if there is more than one day)	
sur info	e cop orma	pies of all required permits/lication must be included for a c	Non-Profit vendors are listed below. Check the requirements as they apply to your request, and make censes/insurance certificates are attached. Incomplete applications will not be accepted. All required complete application. Payment is required at the time that the application is submitted.	
*	CO	obtained at least \$1,000,000 p an additional insured on such	dors SHALL BE REQUIRED to provide a broker's certificate of insurance showing that the permittee has be occurrence commercial general liability insurance. The certificate must establish that the CBJ is named as policy, and that the insurer thereof shall notify the CBJ within 30 days if the policy is modified, canceled, or ble policy endorsements must be included.	
		Business License: attach a co	ppy of a valid State of Alaska business license – Number:	
		Food Handler's Permit: atta	ach a copy of a valid permit issued by the Department of Environmental Conservation.	
*	NO	request and upon finding that	creation Director (or designee) <u>may issue an insurance requirement WAIVER</u> to non-profit permittees upon the permittee's activities do not pose a significant risk of claims against the City and Borough. <u>If you are ty and wish to request a waiver of the insurance requirements, please indicate below.</u>	
		I wish to request a reasons and facts support	waiver of the insurance requirement due to status as a non-profit permittee. (Must attach a statement of orting this request.)	
		Business License: attach a co	ppy of a valid State of Alaska business license – Number:	
		Food Handler's Permit: attach a copy of a valid permit issued by the Department of Environmental Conservation.		
		Non-Profit Certification: at Service.	tach a copy of a valid 501(c)(3) or 501(c)(4) exemption certificate from the United States Internal Revenue **********************************	
City	y an mitte	nd Borough of Juneau from ee's activities unless such inj	Borough of Juneau ordinances and regulations relating to this permit. I agree to hold harmless the any and all claims for injury or damage to persons or property suffered in connection with the ury or damage is caused by the gross negligence of the City and Borough of Juneau. I certify that the it application is true to the best of my knowledge.	
Sign	natur	re of applicant	Date	
			For office use only:	
~Commercial Commercial Downtown Location			\$70.00/first operational day; \$20.00 per day thereafter (per site) \$150.00/month (per site)	
~Non-Profit Approved By:			\$45.00/first operational day; \$15.00 per day thereafter (per site)	
Receipt Number/Permit Number:			Amount Pagaiyad	