



## LICENSE APPLICATION FOR – **TRANSIENT MERCHANT** MUNICIPAL CODE SECTION - **4-60**

### DEFINITION:

Transient merchant includes any person, firm, partnership, association or corporation which engages in the sale of merchandise in any place in the City on a temporary basis and does not anticipate becoming an established business merchant for a continuous sixty (60) days or longer. A transient merchant includes anyone who for himself or as an agent for another, rents, erects, purchases, uses, or occupies any vehicle, room, building, or other structure, including but not limited to those located in or along parking lots, shopping centers, sidewalks, or other areas for the purpose of purchasing, selling, or offering for sale anything of value at such location for less than sixty (60) days.

### IF DESCRIPTION DOES NOT APPLY, SEE:

Peddlers and Canvassers (Ord. §4-43)  
Itinerant Restaurant (Ord. §§4-45, 4-46)  
Open Air Business (Ord. §4-38)

### GENERAL INSTRUCTIONS:

1. Print legibly and complete all sections to ensure efficient processing.
2. Assemble all required information and materials before filing application.
3. Thoroughly review all applicable Municipal Code Sections listed above.
4. Licenses expire January 31.
5. Include \$5.00 license application fee payable to City of South Bend.
6. License fee payable to City of South Bend due at issuance - \$135.00 if business will operate 0-59 days; \$50.00 for Christmas greenery only.

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### REQUIRED INFORMATION AND MATERIALS:

1. Business information.
2. Description of proposed location.
3. Description of operation including dates, hours, and types of goods sold.
4. Description of proposed advertising.
5. Weights and Measures Sealer Certificate (if applicable).
6. Information on all group event participants.
7. A Certificate of Liability Insurance with the City of South Bend listed as the certificate holder.

### APPLICATION PROCESS:

1. Submit Application with \$5.00 Processing Fee.
2. Review and report by Building Department, Code Enforcement, and Public Works, as applicable.
3. Controller Denies or Approves License.
4. License issued upon approval and payment of the license fee.

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I. APPLICATION TYPE Check One: **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

### II. BUSINESS DATA

A. Name of Event: \_\_\_\_\_

B. Business Name: \_\_\_\_\_

C. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Mailing Address (if differs): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E. Business Telephone Number: \_\_\_\_\_

F. Business Fax Number: \_\_\_\_\_

G. E-Mail Address: \_\_\_\_\_

H. Indiana State Retailer License number: \_\_\_\_\_

I. Proposed location where business will be conducted: \_\_\_\_\_

J. Description of building or premises to be used: \_\_\_\_\_

K. Proposed Dates of Operation: \_\_\_\_\_

L. Proposed Hours of Operation: \_\_\_\_\_

M. Types of goods to be sold: \_\_\_\_\_

N. Scales will be used in business transactions: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach certificate from the Sealer of Weights and Measures.

O. Food will be served in ready-to-eat condition: Yes \_\_\_\_\_ No \_\_\_\_\_

P. Description of nature of proposed advertising: \_\_\_\_\_

### For Office Use Only

Application Filed \_\_\_\_\_ Public Works Approval \_\_\_\_\_

Application Fee Paid \_\_\_\_\_ License Fee Paid \_\_\_\_\_

Sent to Dept. \_\_\_\_\_ License Number \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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**II. BUSINESS DATA (Continued)**

Q. Contact person to be responsible for customer complaints and available at least sixty (60) days following last date of business:

Contact's Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**III. PERSONAL DATA (Applicant)**

A. Applicant's Legal Name: \_\_\_\_\_

B. Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Residential Telephone Number: \_\_\_\_\_

D. Cellphone Number: \_\_\_\_\_

E. Position with business: \_\_\_\_\_

F. Social Security Number: \_\_\_\_\_

G. Gender: \_\_\_\_\_

H. Date of birth: \_\_\_\_\_

I. Race: \_\_\_\_\_

**IV. PERSONAL DATA (Owner, if differs)**

A. Owner's Legal Name: \_\_\_\_\_

B. Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Residential Telephone Number: \_\_\_\_\_

D. Cellphone Number: \_\_\_\_\_

E. Position with business: \_\_\_\_\_

F. Social Security Number: \_\_\_\_\_

G. Gender: \_\_\_\_\_

H. Date of birth: \_\_\_\_\_

I. Race: \_\_\_\_\_

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V. PERSONAL DATA (Additional Owner, if applicable)

A. Owner's Legal Name: \_\_\_\_\_

B. Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Residential Telephone Number: \_\_\_\_\_

D. Cellphone Number: \_\_\_\_\_

E. Position with business: \_\_\_\_\_

F. Social Security Number: \_\_\_\_\_

G. Gender: \_\_\_\_\_

H. Date of birth: \_\_\_\_\_

I. Race: \_\_\_\_\_

VI. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VII. INCLUDE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL GROUP EVENT PARTICIPANTS.

VIII. INCLUDE A CURRENT CERTIFICATE OF LIABILITY INSURANCE WITH THE CITY OF SOUTH BEND LISTED AS THE CERTIFICATE HOLDER.

IX. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I understand that the completed application must be filed no later than thirty days before the planned event is to begin. I have read and understand the regulations of the Transient Merchant license found in the City of South Bend Municipal Code, Section 4-60.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date