

CITY OF WILLISTON
APPLICATION FOR FROZEN DESSERT VENDING
(Required by §18-61, §18-63 and any amendments of the Williston Code of Ordinances)
PO Box 1306
Williston, ND 58802-1306

An application for a license to engage in frozen dessert vending, including the use of an ice cream truck, in which pre-packaged or pre-wrapped ice cream, frozen yogurt, frozen custard, frozen or soft serve dairy products, or similar frozen dessert products are carried for purpose of retail sale on public streets within the City of Williston.

Frozen Dessert Vending Season: May 1st – October 31st Hours: 11 am – 9 pm
Annual Fee Amount \$500 Required Surety Bond Amount \$1000

APPLICANT/BUSINESS INFORMATION

Business Name _____
Contact Name _____
Phone _____ Email _____
Business Address _____
Mailing Address _____
City _____ State _____ Zip Code _____

BUSINESS OWNERSHIP

Owner of the business is:

Individual Partnership Corporation – in what state is business incorporated? _____

ALL OWNERS MUST:

- Attach authorization for Applicant to act as business representative
- Attach copy of criminal record check

List place/s, other than permanent place of business, where business is to be conducted and the dates business will be conducted:

MANAGEMENT

Name of Manager _____

Local Address _____

Permanent Address _____

ND Driver's License attached criminal record check attached Bond attached

Capacity in which Manager will act:

proprietor agent other _____

Manager must check one of the following:

- Fingerprints attached, or
- Three (3) letter of recommendation from reliable property owners in Williston attached

• Provide property owner information below:

Property Owner Name	Property Address	Property ID #

Has Manager ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?

No Yes If yes, state nature of the offense and the punishment assessed:

EMPLOYEES

List all employees. Attach a copy of a valid North Dakota driver’s license, criminal record check and \$1,000 surety bond for each employee.

Employee Name	For Office Use Only		
	ND Driver’s License Attached	Criminal Record Check Attached	Bond Attached

Attach list of any additional employees on a separate page.

APPLICANT BUSINESS HISTORY

List place/s, other than permanent place of business, within the last six (6) months that applicant has conducted a similar frozen dessert business. Give the post office and street address of any building or office in which such business was conducted:

Post Office Address _____

Street Address _____

City and State _____

Post Office Address _____

Street Address _____

City and State _____

Attach list of any additional locations on a separate page.

ADVERTISING

Provide a brief statement of the nature and character of the advertising done or proposed to be done. Attach sample copies of said advertising.

VEHICLE/S

Attach proof of Commercial Auto Insurance, a valid State of North Dakota Registration and a North Dakota Health Department certification for each vehicle. (All business employees must be shown on Auto Insurance as insured).

Year/Make/Model _____

Tag # _____ VIN# _____

- Registration attached Proof of Insurance attached
 ND Dept of Health Certificate attached

Year/Make/Model _____

Tag # _____ VIN# _____

- Registration attached Proof of Insurance attached
 ND Dept of Health Certificate attached

Acknowledgements

I hereby certify that all information on this application is complete and true; I further verify that all owners, managers and employees have acknowledged by their signature that they have received a copy of Ordinance 1019, Section 18-65 – Operation Regulations, and that they have read and understand them. *(Attach individual signature page/s to this application).*

If an individual

Printed Name	Signature	Date
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If a partnership

Partner Printed Name	Signature	Date
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Partner Printed Name	Signature	Date
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Partner Printed Name	Signature	Date
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Partner Printed Name	Signature	Date
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Partner Printed Name	Signature	Date
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If a corporation

Corporation President Printed Name	Signature	Date
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For Office Use Only

Date received _____

Fee Received \$ _____

PBA # _____

- State Sales & Use Tax Permit
- Certificate of Commercial Liability Insurance
- Auto Insurance – Verify each employee is listed is covered
- Auto Registration
- ND Department of Health Certificate for each vehicle
- Surety Bond/s for all

Approved

Denied

Chief of Police

Date

I certify that that the character and business reputation of applicant are satisfactory.

City Auditor

Date

Ordinance 1019 Frozen Dessert Vending

Section 18-65. Operation Regulations

- (a) Ice Cream Trucks must be registered in North Dakota.
- (b) Ice cream trucks must be a dedicated truck for this purpose and must be approved by the health department.
- (c) Ice cream trucks may only operate between May 1 and October 31.
- (d) All vending must take place between 11am and 9pm.
- (e) Advertising decals are limited to the name of the permitted vendor, the types of frozen dessert for sale, and the price lists of those items.
- (f) Vendors must obey all applicable traffic and vehicle safety laws, regulations and restrictions.
- (g) Frozen Dessert Vendors may only operate Ice Cream Trucks and may only sell: pre-packaged or pre-wrapped ice cream, frozen yogurt, frozen custard, frozen or soft serve dairy products, or similar frozen desert products
- (h) Frozen Dessert Vendors may only operate (stop to sell wares) in residential areas, on local or collector streets.
- (i) Frozen Dessert Vendors may not operate:
 - a. Within 40 feet of any intersection,
 - b. Within 40 feet of any stop sign, flashing beacon, yield sign, or other traffic control signal located on the side of the roadway.
 - c. On any street where the speed limit exceeds 25 miles per hour;
 - d. In any manner that impedes the flow of vehicular or pedestrian traffic on any public street or sidewalk.
- (j) No vendor may vend at the same location more than once a day or longer than 30 continuous minutes without moving the vehicle at least 1,000 feet away.
- (k) Vending may only take place in a safe manner with respect to the vehicular and pedestrian traffic.
- (l) Vendors must pull as far as practical to the side of the street when stopping to make sales.
- (m) Emergency flashers must be operating at all times when vendor is stationary.
- (n) No horns, amplification systems, or other sound-producing devices or music systems may be used when the truck is stationary or at any time other than authorized times of operation.
- (o) Ice cream trucks must be equipped with and utilize a "Watch for Children" sign and a backup alarm.
- (p) Ice cream trucks must be equipped with a trash container accessible to the public from the outside of the truck. Any litter associated with the truck must be removed from the area before the truck leaves the spot.

I, _____, have read, understand and agree to abide by the foregoing Operation Regulations for Frozen Dessert Vending within the City of Williston.

Signature

Date