

City of Rensselaer
124 S. Van Rensselaer St., P.O. Box 280
Rensselaer, IN. 47978
Building Department
219-866-2311
building@cityofrensselaerin.com

TEMPORARY SALES PERMIT APPLICATION

Date: _____

Applicant: _____ Phone: _____

Home Address: _____

Company/Employer Name: _____ Phone: _____

Company/Employer Address: _____

Nature of Business/Goods to be Sold: _____

Location of Sales Activity: _____

If Private Property is being used, Name of Owner: _____

(Attach written permission from Property Owner)

Duration of Permit: Beginning Date: _____ Ending Date: _____

Identification & References: Attach photocopy of driver's license

Please list any Indiana cities where you have engaged in similar sales: _____

Local References:

General Liability Insurance: If sales activity is at a fixed location and will continue for more than three (3) consecutive days, proof of Adequate Liability Insurance **MUST** be attached.

The undersigned applicant forever releases, absolves, holds harmless and agrees that they shall forever indemnify the City of Rensselaer Indiana, its agents, elected officials, officers, employees or representatives and agrees that they shall be forever bared from brining any case, cause of action, complaint or other request for damages in law or inequity for any act or omission by the City of Rensselaer or its agents, with the exception of gross negligence.

Attach the following (if required):

☐ Photocopy of Driver's License ☐ Written Permission ☐ **Proof of Insurance**

For Office Use Only

Application reviewed by: ☐ Building Commissioner Application shared with: ☐ Police Department

Application was ____ Approved ____ Denied, by me this ____ day of

_____,

20____

Permit No. _____ Permit Fee \$ _____

Building Commissioner: _____