

ITEMS OFFERED FOR SALE (MAY ATTACH SUPPLEMENTAL LIST)

CHECK HERE IF IT IS A SERVICE ONLY AS DESCRIBED IN PREVIOUS SECTION

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

INSURANCE REQUIREMENTS

Vendor permit holders shall name the County of Yuba as an additional insured (not co-insured) and shall contain a specific provision or rider to the effect that the policy will not be cancelled or its provisions changed or deleted before thirty (30) days written notice by the insurance company to the County of Yuba. The business name used in the first section of this application must be the same name used for liability coverage. The minimum scope of insurance shall be at least the amounts as detailed below:

GENERAL LIABILITY	\$2,000,000 per occurrence	\$4,000,000 per annual aggregate
AUTOMOBILE LIABILITY	\$1,000,000 per occurrence	\$2,000,000 per annual aggregate

PERMIT INFORMATION

CALENDAR YEAR:	JANUARY 1	THROUGH	DECEMBER 31
	<i>Year</i>		<i>Year</i>
NUMBER OF PERMITS (ONE PER SITE):	X \$400	TOTAL DUE:	\$

SIGNATURE

The undersigned declares that he/she is aware of and agrees to comply with all laws, regulations and ordinances applicable to the vendor permit program and is aware that the possession of this permit does not guarantee exclusivity to sell goods or services. All permits are non-refundable and expire at the end of the calendar year.

Signature _____ *Printed Name* _____ *Date* _____

FOR COUNTY USE ONLY

INSURANCE PROVIDER:	POLICY NUMBER:
TOTAL PAID: \$	PERMIT VALID: THROUGH
APPROVED BY:	DATE: