



**City of Palmer**  
**Department of Community Development**

645 E. Cope Industrial Way, Palmer, AK 99645

Phone: 907-745-3709 • Fax: 907-745-5443

[www.palmerak.org](http://www.palmerak.org)

**Information for Itinerant Vendors**

Thank you in your interest in becoming an itinerant vendor in the City of Palmer.

Before conducting business in the City of Palmer, you must obtain a City of Palmer Itinerant Vendor Permit and a City of Palmer Business License. The forms to acquire these licenses are on our website at [www.palmerak.org](http://www.palmerak.org) or can be located at Palmer City Hall, 231 W. Evergreen Avenue, or Palmer Community Development offices, 645 E. Cope Industrial Way, Palmer. Please fill out the applications, bring them, and all required attachments to Community Development. To obtain your permit, please note the following:

- A copy of the City of Palmer Business License must be submitted with this application.
  - ✓ If you or your company does not have a business license, please complete the City of Palmer Business License application and submit the required \$25 business license fee with your application for an Itinerant Vendor Permit. If your Itinerant Vendor Permit application is denied and you will not be conducting any other type of business in Palmer, the \$25 fee for a City business license will be reimbursed to you. Please note that the \$50 fee for an Itinerant Vendor Permit is non-refundable.
- When submitting your application, please be certain to attach the following:
  - ✓ A copy of your State of Alaska health permit, if applicable;
  - ✓ A copy of your insurance policy which includes the requirements listed in PMC 5.28.100: "A vendor of food or beverages shall have general liability including products liability insurance in the amount of \$1,000,000 combined single limit (CSL), bodily injury and property damage per occurrence and \$2,000,000 aggregate"; and
- Once an Itinerant Vendor Permit is issued, it expires on December 31 of the same calendar year it was issued.

Please see Palmer Municipal Code Chapter 5.28 for more information. You may call 745-3709x1 for further information on how to obtain an Itinerant Vendor Permit.



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**Itinerant Vendor Permit Application**

Name of business: \_\_\_\_\_

Contact person: \_\_\_\_\_

Type of business: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide a complete description of the equipment to be used for display, storage or other purposes related to the business. Include all distinctive markings and signs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a complete description of the type(s) of goods and services that shall be offered under the license:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a complete description of every vehicle used in the operation of the business. If located on private property, please provide a parking site plan that outlines three customer and one employee parking spots:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proof of the following licenses must be attached:

- Health permits required for the preparation and sale of food or beverages (if applicable);
- City business license; and
- Any other license required by the state or city (if applicable).

Proof of the following must be attached:

- Site plan (if applicable), and
- Proof of insurance as required by PMC 5.28.100.

Itinerant Vendor Permits expire on December 31 of the same calendar year in which they are issued. **Effective start date of business:** \_\_\_\_\_

I do hereby make application for a city of Palmer Itinerant Vendor Permit for the period of \_\_\_\_\_ through \_\_\_\_\_.

The applicant to whom this Itinerant Vendor Permit is issued shall have an active management or operations role in the business conducted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
***For Office Use Only***

Date received in office: \_\_\_\_\_ Received by: \_\_\_\_\_

Application filing fee (\$50) attached:  Yes  No \_\_\_\_\_

Attachments provided are complete:

Yes No N/A

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Site plan (if applicable).   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health permits required for the preparation and sale of food or beverages (if applicable). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | City business license.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any other license required by the state or city (if applicable).                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of insurance as required by PMC 5.28.100.  |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_  
Community Development Director or designee