



TOWN OF MOREHEAD CITY APPLICATION FOR RIGHT-OF-WAY USAGE

By Mobile Food Vendors on streets, Merchandise Display (including newspaper vending machines) on sidewalks, and street furniture on sidewalks in CD and DB

I. General Information.

Business Name:

Business Physical Address: Morehead City, NC

Business Mailing Address:

Business Phone Number: Business Fax Number:

Business Owner Name:

Business Owner Physical Address:

Business Owner Mailing Address:

Business Owner Phone Number: Business Owner Fax Number:

Business Manager, if different from owner:

Business Manager Home Address:

Business Manager Home Phone Number:

II. Type of merchandise to be sold/displayed within right-of-way or food, beverages or food products to be sold and served from mobile food vendors:

Hours of Business Operation

Hours merchandise will be displayed within right-of-way or mobile food vendor will operate.

- III. All applicants must attach evidence of adequate insurance or other forms of security to hold the city, its taxpayers, and employees harmless from claims arising out of the sale or display of merchandise or placement of furniture on public right-of-way.
- IV. The business owner must sign the attached addendum agreeing to indemnify and hold harmless the city and its officers, agents, and employees from any claim arising from the sale or display of merchandise or the placement of furniture on public right-of-way. Cancellation of insurance cancels the right to occupy the right- of-way area without action on the part of the Town.
- V. The applicant must attach a copy of all permits and licenses (including health, ABC permits and privilege licenses) issued by the state or the city and must provide any additional information requested to determine compliance with the ordinance.
- VI. A filing fee, as provided for in the city's Fee Schedule, must be attached to cover the cost of processing and investigating the application and issuing the permit.

ADDENDUM TO APPLICATION FOR RIGHT OF WAY USAGE

The applicant agrees to indemnify and hold harmless Morehead City and its officers, agents, employees, and elected and appointed officials from any claim or claims for injury, death, or damage, including all costs, expenses and attorney's fees incurred in connection with such claims, arising from the sale or display of merchandise or the storage of furniture on a public right of way, and does further agree at all times to carry a public liability insurance policy naming both the applicant and the Town of Morehead City and its elected and appointed officials, officers, agents, and employees as named insureds. Such insurance shall be in an amount of not less than one million dollars (\$1,000,000.00) for personal injury (including death) in any one occurrence and one one hundred thousand dollars (\$100,000.00) property damage in any one occurrence. Applicants shall keep on file with the Town of Morehead City a copy of such insurance policy or a certificate of insurance. This insurance shall be kept in effect at all times, and shall provide that it may not be cancelled without 30-days prior written notice to the Town of Morehead City. If at any time such insurance is not kept in full force and effect and/or proof of such insurance is not kept on file with the Town of Morehead as required above, the applicant's right to occupy any part of the public right of way shall immediately terminate without further action on the part of the Town of Morehead City, and the applicant shall forthwith remove all of applicant's property and other obstructions from the right of way, failing which the Town may do so at applicant's expense without notice.

This the _____ day of _____, 20_____.

Name of Business

Signature

Identification of office held, Partner, Manager or Sole-Proprietor

STATE OF NORTH CAROLINA COUNTY OF
CARTERET

I, a Notary Public of the County and State aforesaid do hereby certify that _____
personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and Notarial Seal, this the _____ day of _____, 20_____

My commission expires:

Notary Public

STATE OF NORTH CAROLINA COUNTY OF
CARTERET

I, a Notary public of the County and State aforesaid do hereby certify that _____
personally appeared before me this date and acknowledged that ___he is Secretary of
_____, a corporation, the foregoing instrument was signed in its name by its
_____ President, sealed with its corporate seal, and attested by herself/himself as its _____ Secretary.

Witness my hand and Notarial Seal, this the _____ day of _____, 20_____.

My commission expires:

Notary Public