

**2026 VMCC VENDOR PERMIT APPLICATION**

Inver Grove Heights Park & Recreation  
 8055 Barbara Ave, Inver Grove Heights, MN 55077  
 (651) 450-2480

RESERVATION DATE(S): \_\_\_\_\_  
 RESERVED TIME: \_\_\_\_\_  
 HOSTING AGENCY: \_\_\_\_\_  
 VMCC Facility Permit #: \_\_\_\_\_

**Cost: Resident/Non-Resident \$75/\$85 day or \$100/\$110 weekend**

Name	Cell Phone: (    )	Work Phone: (    )
Org./Business	Email:	
Address, City, State, Zip:		
Describe Type of Vending and Identify Facility Needs:	Commercial	Food Vendor
<p><b>Assumption of Risk:</b> By executing this form, you are acknowledging that the activity you are registering for may be dangerous and may involve certain risks, including but not limited to bodily injury, personal injury, sickness, disease, death and property damage to yourself or others. By executing this form and participating in this activity, the Participant is assuming all such risks, known or unknown, anticipated or unanticipated.</p> <p><b>Required Waiver:</b> In consideration for being allowed to participate in the activity, Participant and/or Participant's parents, legal guardian, or conservator hereby releases, indemnifies, defends and holds harmless the City, its officers, officials, employees, insurers, agents, contractors, representatives, and servants, from and against all liabilities, claims, causes of action, demands, losses, damages, judgments, and other obligations (including attorneys' fees and costs), including those arising from any third party claims, on account of injury, loss or damage which arise out of, or are in any way related to, participation in the above-described activity or use of the City's facilities/property.</p>		
<p><b>Applicant Signature:</b> <b>X</b> _____</p> <p style="text-align: center;">Signature <span style="margin-left: 200px;">Date</span></p>		
<p><b>Payment Information:</b></p> <p>Discover _____ MasterCard _____ Visa _____ Cash _____ Check # _____ Gift Cert: # _____</p> <p>Cardholder's Name: _____ Card #: _____</p> <p>Expiration Date: ____/____/____ 3 Digit Security Code: ____ Signature: _____</p> <p><i>Credit card payments are subject to processing fees and debit cards are subject to a convenience fee paid by customer.</i></p>		
<i>Office Staff Use Only</i>		
Name of Vendor _____	Verify MN State Tax Form 19	Yes    No
Attach copy of MN Dept of Health License (if food vendor)	Verify:	Yes    No
Vendor Permit Approval:	Yes    No	Insurance Coverage Verified by Staff:    Yes    No
<p>_____</p> <p>Parks &amp; Recreation Staff Signature <span style="margin-left: 150px;">Date</span></p>		

**Submit application to Jamie Muscha, Community Center Manager at [jmuscha@ighmn.gov](mailto:jmuscha@ighmn.gov).**

**Once approved, please bring this permit with you as verification that you have approval to be a vendor at the VMCC.**