

Vending Year: 2024



Sidewalk Vending Program Application for Temporary Vending Location

Applicant Name _____

DBA (if applicable) _____

Tax ID Number _____

Social Security Number may be used if no tax id number is available

Contact Name _____

Contact Address _____

Contact Phone _____ Alternate Phone _____

Email Address _____

(It is the applicant's responsibility to maintain current contact information with the DOTE representative.)

Will Applicant be: **Operating a Mobile Food Cart** **Selling Merchandise**

Please list or describe the types of goods and/or food Applicant plans to sell:

Please list locations being applied for:

Please list dates being applied for (a maximum of 7 days in a consecutive row):

Acknowledgement of Requirements to be Awarded Vending Revocable Street Privilege (RSP), if Application for Location is Approved:

Insurance Requirement: I, on behalf of the Applicant, understand that in order to receive the vending RSP as applied for, Applicant must provide proof of a minimum of \$1,000,000.00 of liability insurance with the City of Cincinnati listed as an additional insured and maintain the insurance the entire length of the VRSP term. Proof must be included with this application. **Initials:** _____

Ohio Mobile Food Service License Requirement (Food Vending Only): To receive the VRSP formally permitting the Applicant to operate at the location, Applicant must provide proof of a valid Ohio Mobile Food Service License covering the vendor at the awarded location for the entire length of the VRSP term. A copy (front and back) of the license must be included with this application.

Initials: _____

Fire Inspection: If applicant intends to use any type of heating or combustible element, an inspection by the Cincinnati Fire Department is required. Proof of a recently passed inspection is required with this application. **Initials:** _____

Application Fee: Application is applying for _____ vending locations. A non-refundable \$25 application fee applies to each vending location. **Total:** _____ **Initials:** _____

Vending RSP Fee: Applicant acknowledges that there is a fee of \$1.10 per day for each VRSP issued. Applicant is applying for _____ vending locations. **Total:** _____ **Initials:** _____

Total Cost of Vending Locations: _____

Certification of No Outstanding Obligations to the City: I hereby certify that Applicant has no outstanding obligations to the City of Cincinnati. I also certify that all information furnished in this application is true and correct to the best of my knowledge and is submitted for the purpose of applying to the City of Cincinnati for a Vending RSP. **Initials:** _____

Acknowledgement of Revocability of RSP, Consequence of Non-Compliance: On behalf of the Applicant, I acknowledge that any violation by the Applicant of the Cincinnati Municipal Code or Vending Program Regulations, including failure to pay applicable fees or failure to acquire to required documentation, will result in revocation of the RSP and possible dismissal from the Vending Program. Applicant understands that all fees are non-refundable except as provided in Cincinnati Municipal Code Section 723-16.

Initials: _____

Rules and Regulations: The applicant acknowledges that a copy of the Sidewalk Vending Rules and Regulations was provided and that all provisions are understood. **Initials:** _____

Did you or any of your employees or representatives receive any citations or documented violations of the Sidewalk Vending Code or Sidewalk Vending Rules and Regulations in the previous of the vending year? Y N

If yes, list the dates and violations: _____

The Applicant acknowledges that not truthfully answering the questions in this application will result in the suspension of the Applicant from the Sidewalk Vending Program for a term of at least one (1) year. Initials: _____

List the contact information of any additional persons that will be working the vending location(s) being applied for:

1. Name: _____

Phone Number _____

2. Name: _____

Phone Number: _____

3. Name: _____

Phone Number: _____

*List any additional names on separate sheets and attach to this application. *

All persons selling in the right-of-way must have visible badges while selling. No badges will be issued unless DOTE representative has the information on the person applying for the badge.

Applicant Signature: _____ **Date:** _____

For office use only:

Date/Time Submitted: _____

Proof of Insurance: Y N

Mobile Food License Shown: Y N NA

Fire Inspection Shown: Y N NA

Previous Year Citations: Y N

Locations Awarded: _____

Dates Awarded: _____

Approved: Y N

Initials: _____ Date/Time Approved: _____