

Initial: _____
 Renewal: _____



Sidewalk Vending Program RSP Application

Applicant Name _____

DBA _____ **/Tax ID Number:** _____

Contact Name _____

Contact Address _____

Contact Phone _____ **Alternate Phone** _____

Email Address _____

Please indicate the type of permit you are applying for (check one): **Merchandise** **Food**
 Complete definitions for each permit class are included in the *Vending RSP Requisitions* available from the Facilities Program.

Do you currently have a minimum of \$1,000,000.00 of liability insurance with the City of Cincinnati listed as an additional insured? **Yes** **No**

Please list and describe the types of goods you plan to sell: _____

Please indicate the district and the dates that you are requesting:

	District	#	Dates /Seasons
<input type="checkbox"/>	Downtown Vending	_____	_____
<input type="checkbox"/>	Court Street Market	_____	_____
<input type="checkbox"/>	Liberty-Dalton	_____	_____
<input type="checkbox"/>	Short Vine	_____	_____

PLEASE READ BEFORE SIGNING

I hereby certify that I have 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 Vending Leases(s). I acknowledge that any violation of the Cincinnati Municipal Code or Vending Program Regulations, including failure to pay applicable fees or failure to acquire a valid Health Department permit (if required), will result in revocation of lease(s) and possible dismissal from the Vending Program. I understand that that all fees are non-refundable except as provided in Cincinnati Municipal Code Section 723-16.

Applicant Signature _____ **Date:** _____

Designated City Representative Signature _____ **Date:** _____

- FOR OFFICE USE ONLY -

Location #	RSP #	Start/End Dates	Renew (Y/N?)	Application Fee (\$25 each)	RSP Fee (\$400)	Application and RSP Fee Due Per Location
Total Amount Due						\$ _____