

Approval Code: _____
Staff Associate Initial: _____
Permit Fee: _____
Penalty: _____
TOTAL PAID: _____

City of Charleston
915 Quarrier St., Suite 4
Charleston, WV 25301
Phone: (304)348-8024
www.charlestonwv.gov



STREET VENDING PERMIT APPLICATION Calendar Year 2023

Section I. Permit Requirements:

- A. Proof of current Liability Insurance in the aggregate sum of **\$1,000,000.00** with the City of Charleston listed as an additional insured must be submitted with the application.
- B. You **must** enter into a Hold Harmless Agreement with the City.
- C. If your business intends to sell or serve prepared food, you **must** attach a copy of your current Kanawha County Health Permit.
- D. Street Vending Permit Fee –Mobilized Vending Vehicle/Non-Motorized Vending Unit- (\$20.00).

Section II. Business Information:

- A. Name of Business: _____
DBA: _____ Federal Employer ID/Social Security Number*: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Phone Number: _____
- B. Ownership Type: _____ Sole Proprietorship _____ Corporation _____ Partnership _____ Non-Profit _____ Other
*****Please attach list of all officers, directors, proprietors or any individual owning 25% or more of the business.*****
- C. Name of individual preparing this application: _____ Title: _____
- D. Phone number of preparer: _____ Email: _____
- E. Description of your business: _____
- F. Does your business **sell** or serve prepared food? Yes / No **If Yes, you Must attach your current Kanawha County Health Permit.**

***Privacy Act Statement:** Disclosure of a Social Security Number (SSN) to the City of Charleston is voluntary. If you do not wish to disclose your SSN, you may provide an alternative identification number, The City of Charleston solicits this information pursuant to West Virginia Code § 8-13-13 and the Charleston City Code. The City of Charleston will not disclose your SSN or any other information you provide to any other entity or party. The City of Charleston requests this information to facilitate the verification of withholding and payment of service fees

Section III. Authorized Signature of Business: By signing below, I do hereby certify and declare, under penalty of perjury, that the information furnished in this application is true, complete and accurate to the best of my knowledge.

Signature of Business Owner or Authorized Agent

Date

Title

RTS ACCOUNT # : _____

Street Vending Permit Application Instructions:

1. You **must** provide Proof of Liability Insurance in the aggregate sum of \$1,000,000 with the City of Charleston listed as an additional insured. If you are operating in conjunction with an organized event, private or public, and said event provides umbrella insurance coverage sufficient to satisfy this requirement, then you are not required to maintain independent insurance to participate in the organized event.
2. You **must** enter into a Hold Harmless Agreement with the City.
3. Complete Section II in its entirety. If your business intends to sell or serve prepared food, you **must** attach a copy of your current Kanawha County Health Permit.
4. Sign and date the application in Section III.
5. Mail the completed application with your total payment to the address below. If you have any questions with respect to your application, please contact the City Collector's Office at (304) 348-8024.

**Return To:
Charleston City Collector's Office
915 Quarrier St., Suite 4
Charleston WV 25301**