



## STREET VENDOR APPLICATION

### CITY OF ELKINS

401 Davis Avenue, Elkins WV 26241  
Phone (304) 636-1414 FAX (304) 635-7135

Please Print or Type

#### OFFICIAL USE ONLY

Fiscal Year \_\_\_\_\_

License No. \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_

Date Issued \_\_\_\_\_

FULL NAME OF BUSINESS: \_\_\_\_\_

CORPORATION NAME: (if applicable) \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

BUSINESS PH # \_\_\_\_\_ OWNER/OPERATOR'S PH # \_\_\_\_\_

#### **STREET VENDOR CLASSIFICATION:**

☐ **A** (all non-food items such as clothing, arts, crafts, flowers and other miscellaneous items that are not food products)

☐ **B** (all food products that do not require cooking, such as whole fruits, vegetables, and non-perishable food items that are pre-packaged by the manufacturer)

☐ **C** (all food products that require cooking or heating, or a health permit)

**Each of the following requirements for street vendors must be provided at the time of application:**

☐ **\$10.00 APPLICATION FEE** (NOTICE: Your license will expire June 30<sup>th</sup>)

☐ **CURRENT CITY OF ELKINS BUSINESS LICENSE**

#### **For vendors operating on public property:**

☐ **GENERAL LIABILITY INSURANCE** (the City of Elkins must be assigned as an additional insured for the aggregate sum of \$1,000,000)

☐ **HOLD HARMLESS AGREEMENT** (submission of this application and licensing enters the vendor into a hold-harmless with the City of Elkins)

#### **For Classification C only:**

☐ **HEALTH DEPARTMENT PERMIT** (valid certification issued by the Randolph County Health Department)

#### **For operators of mobile vending units:**

☐ **VEHICLE INSURANCE** (valid auto liability insurance)

☐ **WV DMV COMPLIANCE** (valid vehicle registration and operator's license)

☐ **NATIONAL FIRE CODE COMPLIANCE** (verification of minimum safety requirements as determined by the Elkins Fire Department)

No person licensed as a street vendor shall demonstrate, sell, offer for sale or barter goods, wares, merchandise, food, confection or drink upon any street or sidewalk or any other City owned property within the City except in accordance with the rules and regulations of the City Clerk or their designee. By my signature below, I certify that I have received a copy of these rules and regulations and agree to abide by them. I also acknowledge that failure to abide by these rules and regulations may result in the revocation of my street vendor license and/or my City of Elkins business license.

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SIGNATURE OF APPLICANT PRINT NAME TITLE DATE