

#### OFFICE OF THE CLERK/TREASURER

**City of Burlington** 

City Hall, Room 20, 149 Church Street, Burlington, VT 05401

Voice (802) 865-7000 Fax (802) 865-7014 Deaf/Hard of Hearing 711

#### PEDDLER LICENSE APPLICATION

DATE							
Name (A)	Phone #						
Current Address	E-Mail						
Date of Birth Place of Birth							
Name (B)							
Current Address	E-Mail						
Date of Birth	Place of Birth						
How long have you lived in VT?	Business Name						
Have you ever been convicted of any misdemeanor, felony, or vio	plation of any city or town ordinance or law? No Yes						
If yes please explain							
Do you have any criminal charges pending against you in any fed	eral, state, local or military courts? No Yes						
If yes, please list each crime, date of conviction and the city and s	state in which the court is located.						
Have you ever had a peddler license with the City of Burlington (	(including the Church Street Marketplace)? No Yes						
If yes, has this license ever been revoked for any reason? No	Yes If revoked, please explain why and when						
Name, address & phone # of current employer							
Gross Receipts # VT Dept. of Health Inspection	# VT Secretary of State Business ID #						
Vehicle Registration # (for food trucks only)	License Plate # (for food trucks only)						
Types of goods being sold							

The City of Burlington will not tolerate unlawful harassment or discrimination on the basis of political or religious affiliation, race, color, national origin, place of birth, ancestry, age, sex, sexual orientation, gender identity, marital status, veteran status, disability, HIV positive status or genetic information. The City is also committed to providing proper access to services, facilities, and employment opportunities. For accessibility information or alternative formats, please contact Human Resources Department at 865-7145.

Desc	ription of Table, Cart, Stand or Vehicle_					
Prop	osed Location (see map for central distric	et peddlers)				
Spot	# License Type: Annual	Month to Month				
CON	DITIONS OF MY PEDDLER'S LICENSE					
1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12)	<ul> <li>I will inform the City Clerk's Office of any changes in locations.</li> <li>If I use employees, I shall be responsible for ensuring that they comply fully with the peddler's ordinance.</li> <li>I will be courteous to nearby businesses and neighbors.</li> <li>I will not peddle within 15 feet of another peddler unless otherwise designated by the License Committee and I will not peddle within of a business or peddler selling similar produce or wares.</li> <li>I will not peddle within 10 feet of the Flynn Marquee.</li> <li>I will not peddle within 5 feet on either side of any business' doors or windows during their hours of operation.</li> <li>I will not peddle in front of a handicapped parking space unless I have a legal right to park in that space.</li> <li>I will not interfere with pedestrian traffic flow and the longest dimension of my cart will be parallel to the curb line.</li> <li>I will display my products in a neat and safe manner that is pleasing to the public. All extra inventory will be stored completely out of view.</li> <li>I will not use styrofoam containers.</li> <li>If I sell food, I will provide a trash receptacle and broom-clean the area around my cart within the 15 foot radius. I will not discharge a grease, ash or any other form of refuse unto any street or sidewalk. I will not deposit my trash into any city receptacles.</li> <li>I will move my peddler cart, stand or vehicle from the public street or sidewalk at the close of each business day (dusk).</li> </ul>					
	I hereby certify that the information I provide understand that any false or incomplete state and I understand that failure to abide by the license.  Signature of Peddler	ments can lead to the revocation of	f my license. I have also read the condition	ns of my license		
	R OFFICE USE ONLY  sground check Fee paid	Date				
	VT Dept. Health Cert		Pictures			
Lice	nse: Central General Univ	ersity Fee Paid	Deposit Paid(University only)	Date		
Lice	ense Valid From	То				
NO	TES:					

The City of Burlington will not tolerate unlawful harassment or discrimination on the basis of political or religious affiliation, race, color, national origin, place of birth, ancestry, age, sex, sexual orientation, gender identity, marital status, veteran status, disability, HIV positive status or genetic information. The City is also committed to providing proper access to services, facilities, and

employment opportunities. For accessibility information or alternative formats, please contact Human Resources Department at 865-7145.

Revised 5/2018

## VCIC/VT DMV/SSCI(National)



### City of Burlington--Licensing Division Background Consent/Release Form

Applicant's <u>Legal</u> Name (printed)	
Alias'	
Social Security Number	Date of Birth
Driver's License Number	Licensing State
Applicant's Current Address	
City	StateZip
Applicant's Addresses for last five years	
	e and give consent for the above named self. I understand that I may be required to
<ul> <li>Vermont Criminal Information Cent</li> <li>Vermont Department of Motor Veh</li> <li>SSCI National Criminal backgrouthe following:         <ul> <li>Sex Offender Registry Che</li> <li>Addresses</li> <li>Social Security Verification</li> </ul> </li> </ul>	icles (3-year or Full Record) und records/information which includes cks
connection with my application. Any person, firm	be obtained either in writing or via telephone in n or organization providing information or records d from any and all claims of liability for compliance s permitted by law. I
Print Name:	
Signature:	

MAKE CHECK OUT FOR \$45.00 TO CITY OF BURLINGTON



#### **CITY OF BURLINGTON**

#### OFFICE OF THE CLERK AND TREASURER 149 CHURCH STREET, BURLINGTON, VERMONT 05401

802/865-7000/FAX: 802/865-7014

## Restaurant, Hotel, Amusements and Admissions Tax ID Application PER CITY OF BURLINGTON MUNICIPAL CODE SEC 21-31

Name of Business	Business Address
	*
	,
DBA or LLC (if applicable)	Mailing Address - Street #
Owner or Officer	City, State, Zip Code
Children of Childer	City, State, Zip Code
Contact Person	Federal Tax ID # (Do not use your Social Security#)
	to do tak is in (20 not dos your sooiai sooiiii yii)
Email Address	Telephone Number
,	
	( )
	<u> </u>
Business Inception Date	Nature of Service Offered or Products Sold

Please complete this application and return to our office after which an ID# along with a master tax return will be e-mailed to you.





# Example

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/20/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

_	s certificate does not confer rights t	o the	certi	ficate holder in lieu of su						
PROD	UCER				CONTAC NAME:			EAV		
			PHONE (A/C, No, Ext): (800) 123-4567 (A/C, No): 800-999-9999  E-MAIL ADDRESS: Certificate@Insurance.com							
	INSURANCE			-	ADDRES	s: Certificat	e@Insurance	e.com		
123 MAIN ST.			INSURER(S) AFFORDING COVERAGE					NAIC#		
BUI	RLINGTON, VT 05401				INSURER A: Insurance Company A					12345
INSURED YOUR BUILDING SC			INSURER B: Insurance Company B					54321		
YOUR BUSINESS			INSURER C:							
321 PINE ST.			,	INSURER D:						
BURLINGTON VT 05408					INSURER E:					
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		NA DEDICE
INI	S IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY T BEEN R	CONTRACT THE POLICIES EDUCED BY F	OR OTHER D DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	T TO W	HICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY			N .					s 1,000	0,000
İ	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300,0	000
								MED EXP (Any one person)	s 5,000	
Α		Υ	N	ODF A726081 02		09/04/2017	09/04/2018	PERSONAL & ADV INJURY	s 1,000	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
	POLICY PRO- X LOC								s 2,000	0,000
	OTHER								\$	
	AUTOMOBILE LIABILITY							(Ca accident)	\$ 1,000	0,000
	ANY AUTO								S	
В	OWNED X SCHEDULED .	Υ	Ν	AWF A726077 02		09/04/2017	09/04/2018	THE REAL PROPERTY OF THE PROPE		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	S	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION S								S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH)  f yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CITY OF BURLINGTON is an Additional Insured on General Liability pursuant to the terms and conditions of form: 391-1006 (Businessowners Liability Special Broadening Endorsement) and CA 0001 (Business Auto Coverage). Cancellation Notice will be provided to the Certificate Holder pursuant to endorsement: 401-1235 (Notice of Cancellation). Such notice is solely for the purpose of informing the Certificate Holder of the effective date of cancellation and does not grant, alter, or extend any rights or obligations under this policy.										
CEF	TIFICATE HOLDER				CANC	ELLATION		with the second		
CITY OF BURLINGTON, CLERK/TREASURER'S OFFICE ATTN: PEDDLER'S LICENSE				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE						
BURLINGTON, VT 05401  Simone Shet						ORD CORPORATION	Majak	to recogned		