



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) _____ Phone # _____

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 violation 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 federal, state, local or military courts? No _____ Yes _____

If yes, please list each crime, date of conviction and the city and 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If yes, has this license ever been revoked for any reason?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.

Revised 5/2018

Description of Table, Cart, Stand or Vehicle _____

Proposed Location (see map for central district peddlers) _____

Spot # _____ License Type: Annual _____ Month to Month _____

CONDITIONS OF MY PEDDLER'S LICENSE

- 1) I will display my license at all times.
- 2) I will inform the City Clerk's Office of any changes in locations.
- 3) If I use employees, I shall be responsible for ensuring that they comply fully with the peddler's ordinance.
- 4) I will be courteous to nearby businesses and neighbors.
- 5) I will not peddle within 15 feet of another peddler unless otherwise designated by the License Committee and I will not peddle within 30 feet of a business or peddler selling similar produce or wares.
- 6) I will not peddle within 10 feet of the Flynn Marquee.
- 7) I will not peddle within 5 feet on either side of any business' doors or windows during their hours of operation.
- 8) I will not peddle in front of a handicapped parking space unless I have a legal right to park in that space.
- 9) I will not interfere with pedestrian traffic flow and the longest dimension of my cart will be parallel to the curb line.
- 10) 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 public view.
- 11) I will not use styrofoam containers.
- 12) 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 any grease, ash or any other form of refuse unto any street or sidewalk. I will not deposit my trash into any city receptacles.
- 13) I will move my peddler cart, stand or vehicle from the public street or sidewalk at the close of each business day (dusk).
- 14) I will abide by all state and local laws at all times.

I hereby certify that the information I provided on this application is true and complete to the best of my knowledge and belief and I understand that any false or incomplete statements can lead to the revocation of my license. I have also read the conditions of my license and I understand that failure to abide by them and all other ordinances pertaining to peddling may lead to the revocation or denial of my license.

Signature of Peddler

Notary

Date

FOR OFFICE USE ONLY

Background check _____ Fee paid _____ Date _____

COI _____ VT Dept. Health Cert. _____ SoS Business ID _____ Pictures _____

License: Central General University Fee Paid _____ Deposit Paid(University only) _____ Date _____

License Valid From _____ To _____

NOTES:

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VCIC/VT DMV/SSCI(National)



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

Applicant's Legal Name (printed)

Alias' _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ Licensing State _____

Applicant's Current Address

City _____ State _____ Zip _____

Applicant's Addresses for last five years

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. I understand that I may be required to have one or more of the record checks listed below completed at my expense..

- Vermont Criminal Information Center (VCIC) Criminal Background Check
- Vermont Department of Motor Vehicles (3-year or Full Record)
- SSCI -- National Criminal background records/information which includes the following:
 - Sex Offender Registry Checks
 - Addresses
 - Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence as is permitted by law. I

Print Name: _____ Date: _____

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
Contact Person	Federal Tax ID # (<i>Do not use your Social Security#</i>)
Email Address	Telephone Number ()
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.

Programs and activities of the City of Burlington
are accessible to people with disabilities



