

RTS ACCOUNT #: _____

B&O: Yes / No

CSF: Yes / No

Permit Fee: _____

Staff Associate Initial: _____

CITY OFFICIAL USE ONLY

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



STREET VENDOR **PERMIT APPLICATION** **Calendar Year 2025**

Section I. 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

C. Contact Name: _____ Contact Email: _____

D. Description of your business: _____

E. Does your business sell or serve prepared food? Yes / No If Yes, you Must attach your current Kanawha County Health Permit.

G. Does your business sell beer or liquor? Yes / No If Yes, you Must attach your current WV ABCA License.

***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 II. STREET VENDOR REQUIREMENTS:

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.

2. You must enter into a Hold Harmless Agreement with the City.

3. If your business intends to sell or serve prepared food, you must attach a copy of your current Kanawha County Health Permit. If your business intends to sell alcohol, you must attach a copy of your current WV ABCA License.

4. Obtain Fire Department Approval.

5. Sign and date the application in Section III.

Section III. Street Vendor Permit Fee: \$20.00 Annual Fee

Section IV. 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

****Do Not Submit Application Without the Required Signature****

TO BE COMPLETED BY: FIRE DEPARTMENT

PHONE NUMBER: (304)348-8058

Approved By: _____
Fire Department Official

Date: _____

* Mail the completed application with 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**

Hold Harmless Agreement

THIS AGREEMENT, Made this ____ day of _____, 20 ____, by and between THE CITY OF CHARLESTON, WEST VIRGINIA, a municipal corporation, party of the first part, and _____, Vendor, party of the second part.

WHEREAS, the City of Charleston requires that an indemnity agreement be entered into with a street vendor as a condition of allowing the use of its public ways or park areas for street vending; and,

WHEREAS, the party of the second part has applied for a street vending permit; now therefore,

THIS AGREEMENT, WITNESSETH: That, for and in condition of the issuance of said permit and other good and valuable consideration, the party of the second part herein agrees that it shall indemnify and save harmless the party of the first part from and against all claims, suits, damages, costs, losses and expenses in any manner resulting from or arising out of the said street vending activity by the said party of the second part,

WITNESS the following signature:

THE CITY OF CHARLESTON, WEST VIRGINIA,
a municipal corporation,

By: _____
Christina Merbedone-Byrd
City Collector

Vendor

By: _____

Its _____

Taken, subscribed and sworn to before me this ____ day of _____,
20__.

My commission expires: _____.

Notary Public