Arcata Plaza Vending Permit Application

Use the following as a guide to make sure that your application is complete when submitted. A complete application can assist in speeding up the process!

- ☐ **New vendors, call the Recreation Office at 822-7091 to check for space and availability.**
- ☐ **Fully completed Arcata Plaza Vending Permit Application**
- ☐ **Insurance Certificate and Endorsement (Upon approval to vend, insurance is to be obtained.)**
- ☐ **Copy of City of Arcata Business License (Arcata Business License must be in place prior to vending.)**
- ☐ **Copy of Humboldt County Health Permit (For Food Vendors)**
- ☐ **Recent 2 x 2 picture of the onsite Vendor(s)**
- ☐ **Scale drawing of your cart, table &/or other display mechanism**
- ☐ **Annual Processing Fee: $75.00**
- ☐ **Proof of Livescan Fingerprinting (Can be done at the Arcata Police Department)**
  (Fingerprinting clearance must be in place prior to vending.)

Once applications are submitted, please allow 30 days for the application to be routed through city departments for comments and conditions. After the department conditions have been specified and attached to the permit, the City Manager will review and sign the permit. You will be contacted at least one week prior to your start date to go over the permit and conditions and sign the permit. Permits are effective once all pages have been signed, documents received and all fees have been paid.

City Approval

Additional Conditions of Approval:

_____

_____

_____

_____

Authorization to vend as identified in this application is approved pursuant to the application information, city policies, and additional conditions specified above.

_____

Randy Mendosa, City Manager Date

For office use
Received _____
Permit # _____
Issued _____
Expires _____

Application for
Arcata Plaza Vending Permit

City of Arcata, 736 F Street (707) 822-7091

Application must be submitted no less than 30 days prior to the proposed vending period

Date Submitted: _____

Proposed Dates for Permit: _____ - _____ M ☐ Tu ☐ W ☐ Th ☐ F ☐ S ☐ Su ☐

Please note that permits are granted for 90 day periods only.

Proposed Times for Permit: _____ - _____

Please note that vending is limited to 10:00 am - 1:30 am with seating for customers being removed by 1:15 am.

Name of business or organization: _____

Address of business or organization: _____

City _____ State _____ Zip Code _____

Phone Number of business or organization _____

State Resale Permit No: _____ Federal ID Number _____

The following person will be on site and conducting vending:

Name: _____ Title: _____

Address: _____ Phone#: _____

Email Address (If used regularly): _____

Drivers License Number: _____

You must include a recent, 2x2 photo of the person who will be onsite conducting the vending.

Names of business or organizations owner, principal officers & managers:

Owner/President: _____

Manager: _____

Director: _____

Brief description of the nature of the business and the goods to be sold:

_____

_____

_____

Brief description of the place where goods are to be sold or orders taken for the sale thereof:

_____

_____

_____

You must also include a scale drawing of cart, table or other device that will be brought in to assist vending of goods.

Choice of vending space on the Arcata Plaza: *Please see attached map for additional information.*

☐ **Area 1 near the flagpole (Maximum Display Space 120 sq. feet**
$ 18.00 per day 10:00 am - 1:30 am)

☐ **Area 2 at Plaza Center (Maximum Display Space 120 sq. feet**
$ 18.00 per day 10:00 am - 1:30 am)

☐ **Area 3 at Plaza Center (Maximum Display Space 120 sq. feet**
$ 18.00 per day 10:00 am - 1:30 am)

(In the event your chosen space is already occupied, you will be contacted to discuss other options)

_____ *x* _____ *+ $75.00 =* _____ *Total Due to Recreation Office*
Number of Days *Per day rate*

Please initial after reading the following statements:

_____ I understand that this application does not serve as an approved permit. Applications will be reviewed and after approval, I will receive a formal permit.

_____ I understand that vending is only allowed for approved dates, space and times and that I may not be granted a permit for the exact times and dates that I apply for.

_____ I understand that my permit may be cancelled for any date when a community event is taking place.

_____ I understand that permits only grant vending for up to 90 days. After 90 days, vendors must reapply for permit.

_____ I understand that vending permits are non-transferable.

_____ I understand that no person shall represent that the granting of a vending permit is an endorsement by the City of the particular organization involved.

_____ I understand that the City may revoke my permit at any time for reasons including but not limited to: Falsifying application information, failure to comply with approved dates and times of vending and failure to comply with all federal and state laws.

AGREEMENT: The undersigned, as the representative for the _____ *(group/organization/business),* agrees to take full responsibility for use of City premises as stated in approved Vending Permit and all individuals/parties/organizations participating in this event will hold the City of Arcata, its employees, agents, volunteers and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of service, action and causes of action by any person or persons, for injuries to persons or loss or damages to property occasioned by or in connection with the use of the facilities, equipment or premises caused by any source whatsoever.
I have read the Policies for Vending on the Arcata Plaza. I understand that it is unlawful to conduct an activity in violation of the permit provisions and may cause my permit to be canceled at any time.

_____ _____
Signature of Applicant/Representative Date