

# SIDEWALK VENDOR APPLICATION INFORMATION SHEET

This checklist is designed to assist you in determining the required forms for your business.

Revised: 6/24/13

**SIDEWALK VENDORS ARE GOVERNED BY CHAPTER 14.55 OF THE LINCOLN MUNICIPAL CODE.** Please be sure to read the Ordinance **before** applying.

- **PROCESSING TIME: Approximately 3-4 weeks.** If the application is incomplete & any attachments are missing, this will delay the processing even further. Lincoln Municipal Code Section 14.55.050 allows the Sidewalk Café Review Committee **45 days** from receipt of the **complete** application to return their reports to the City Clerk's Office. Conditions of Approval may be placed on the applicant.
- **URBAN DESIGN COMMITTEE REVIEW:**
- **TYPES OF PERMITS AVAILABLE:**
  - B-4 - Restricted to the downtown area, no location specific; permit fee: \$50 per application.
  - B-3 - restricted to **one** location within the B-3 Zoned area; permit fee: \$50 per location.
  - B-4 w/ B-3 - **one** location in the B-3 Zoned Area but you may also be downtown, no location specific. If you wish to have **multiple** locations within the B-3 Zoned Area, you must complete a separate application for each location and pay a \$50 permit fee.
- **FEES:**
  - **Permit Fee:** \$50.00 per permit period.
  - **Pushcart/Stand Fees:** \$50.00 occupation tax for each cart or stand.
  - Fees must be paid at time of application to the City Clerk. Should applicant be denied, the fees are fully refundable.
  - If cart or stand is already licensed & you are applying as an employee, there is just a \$50.00 Permit Fee.
  - License term is 1 year from date of issuance.
  - Make checks payable to **City of Lincoln**.
  - Please note: Payments by Check authorize the City to make a one-time electronic fund transfer. Funds may be withdrawn immediately and your check will not be returned.
- **ITEMS ALLOWED TO BE SOLD:** Food, Balloons, Flowers
- **FOOD ESTABLISHMENT AND HANDLER PERMITS:**

A Lincoln Food Establishment Permit and the appropriate food manager and/or food handler permits are required for anyone selling food to the public with the following exceptions:

  - Non-potentially hazardous foods prepackaged single service snack items such as bottled/canned beverages, candy bars, and bagged chips.
  - Fresh produce that is whole, uncut fruits and vegetables.
  - Contact the Lincoln Lancaster County Health Department for fees & information at (402) 441- 6280.
- **SIDEWALK CAFÉ REVIEW COMMITTEE** - Applicants may be required to meet with the Committee.
- **CRIMINAL HISTORY** - A criminal history check will be done by the Lincoln Police Department. *(Omission of Information on your application is an automatic denial.)*

## SIDEWALK VENDOR APPLICATION CHECKLIST

	<p><b>CERTIFICATE OF LIABILITY INSURANCE</b> which contains the following (<i>show this to your Insurance Agent</i>): <b>MUST BE AN ORIGINAL!</b></p> <ul style="list-style-type: none"> <li>• Public liability insurance in the form of a commercial comprehensive general liability policy with a minimum combined single limit of \$500,000 aggregate for any one occurrence.</li> <li>• The coverage herein shall be subject to review and approval by the City Attorney.</li> <li>• Each <u>employee</u> must be named as either a policy holder or as an additional insured &amp; this must be provided with their application or the application will be returned as incomplete!</li> <li>• Corporation Name/Owner Name &amp; “doing business as” name</li> <li>• Employee name, if applicable</li> <li>• City named Additional Insured</li> <li>• <b>30 day</b> Cancellation notice to City Clerk</li> <li>• Certificate Holder <b>must</b> contain the following: City of Lincoln, City Clerk’s Office, 555 S. 10<sup>th</sup> St., Lincoln NE 68508</li> </ul>
	<p><b>PROOF APPLICANT HAS OBTAINED AUTHORITY TO COLLECT SALES TAXES: Tax I.D. #</b> - Must supply on application. Contact State Dept. Of Revenue at (402) 471-2971.</p>
	<p><b>PROPANE TANK/FUEL SOURCE:</b> The Bureau of Fire Prevention will review all applications proposing the use of any combustible fuel.</p> <ol style="list-style-type: none"> <li>1) Specify type of fuel, location on cart, how fuel cylinder is to be secured to cart.</li> <li>2) Type &amp; Location of fire extinguisher (minimum 40:BC rated extinguisher required). Contact Chuck Schweitzer, Bureau of Fire Prevention at (402) 441-6441.</li> </ol>
	<p><b>PHOTOS OF APPLICANT(S)</b> - Three (3) Prints of a Full-face Photograph of Applicant taken not more than 30 days prior to the date of application must be supplied.</p>
	<p><b>PUSHCART/STAND/EQUIPMENT TO BE USED</b> - Attach a Photograph or Scale Drawing of the Pushcart or Stand or Any Other Equipment to Be Used. (<i>Do not need to supply if you are the <u>employee</u></i>)</p>
	<p><b>TO OPERATE IN THE B-3 DISTRICT, YOU MUST ALSO PROVIDE THE FOLLOWING:</b></p> <ol style="list-style-type: none"> <li>1) The specific sidewalk space location for the pushcart or stand</li> <li>2) A Letter from the record owner of the abutting property consenting to the applicant’s use of the designated sidewalk space for applicant’s pushcart or stand, or verification that the applicant IS the record owner of the abutting property.</li> <li>3) If the designated sidewalk space is within 50 ft. of the property line of any building used for residential purposes, a letter from the record owner of the building consenting to the applicant’s use of the designated space must be provided.</li> </ol>
	<p><b>APPLICATION MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC.</b></p>

**RETURN APPLICATION, ALL ATTACHMENTS, & PAYMENT TO:**  
City Clerk’s Office, 555 S. 10<sup>th</sup> St., Room 103, Lincoln NE 68508.

Questions? Contact Sandy Dubas, City Clerk’s Office, at 441-7437 or Hallie Salem, Urban Development Office, at 441-7866.

*Applications are available on the City’s web site at “[www.lincoln.ne.gov](http://www.lincoln.ne.gov)”.*

# SIDEWALK VENDOR PERMIT APPLICATION

Revised 6/24/13

**Each question must be completely answered & all attachments included OR your application will be returned as **INCOMPLETE** which will cause a delay in processing your application!**

**Please PRINT using blue or black ink only.**

1	<b>Applying for:</b>	<input type="checkbox"/> B-3 Dist. (1 Specific Location)	<input type="checkbox"/> B-4 Dist. (Downtown Area - no specific location)	<input type="checkbox"/> Both (1 Specific Location in B-3 & Downtown Area)
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2	<b>Applying as, check ONE:</b>	<input type="checkbox"/> Owner	<input type="checkbox"/> Employee
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3	<b>If applying as Owner, how many carts and/or stands do you wish to license?</b>	
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4	<b>APPLICANT'S NAME:</b>	
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5	<b>DOES APPLICANT HAVE ANY: ALIASES, MAIDEN NAME, ETC... If so, please list below:</b>		

6	<b>APPLICANT'S HOME ADDRESS, ETC.</b>				
	STREET ADDRESS:				
	CITY:	STATE:	ZIP:		
	HOME PHONE:	CELL PHONE #:			
	DATE OF BIRTH:				
	EMAIL ADDRESS:				

7	<b>APPLICANT'S BUSINESS ADDRESS, ETC.</b>				
	BUSINESS NAME:				
	STREET ADDRESS:				
	CITY:	STATE:	ZIP:		
	BUSINESS PHONE:	TAX ID #:			

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RECORD OWNER OF CART <i>(if other than applicant)</i>				
BUSINESS NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:
BUSINESS PHONE:			TAX ID #:	

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MAILING ADDRESS FOR CORRESPONDENCE, ETC.				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:

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LOCATION WHERE YOU WISH TO BE LOCATED IN THE B-3 DISTRICT <i>(If not applying for B-3 District, skip to next question)</i>				
BUSINESS NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:

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LIST RESIDENCES FOR LAST FIVE YEARS		
FROM:	TO:	CITY & STATE:

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CRIMINAL HISTORY		
Has APPLICANT ever been <b>ARRESTED/CITED</b> for anything other than a minor traffic offense? <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, please list the offense, approximate date, city & state. <i>(use separate sheet of paper, if necessary)</i>		
OFFENSE:	APPROX. DATE:	CITY & STATE:

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<b>CRIMINAL HISTORY (cont'd)</b>		
<b>Has APPLICANT ever been CONVICTED of an offense other than a minor traffic offense?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, please list the offense, approximate date, city & state. (use separate sheet of paper, if necessary)		
<b>OFFENSE:</b>	<b>APPROX. DATE:</b>	<b>CITY &amp; STATE:</b>

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<b>PLEASE DESCRIBE ITEMS TO BE SOLD. IN DETAIL.</b>

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<b>IF FOOD ITEMS, PLEASE CHECK THE APPROPRIATE TYPE:</b>	
<input type="checkbox"/>	Potentially hazardous foods cooked to serve, such as hot dogs, and hamburgers, or handled to serve such as scooped ice cream.
<input type="checkbox"/>	Non-potentially hazardous foods, prepared/packaged on site such as popcorn, cotton candy, snow cones, and dispensed beverages.
<input type="checkbox"/>	Non-potentially hazardous foods, prepackaged, such as wrapped baked goods and soda in cups with lids.
<input type="checkbox"/>	Prepackaged potentially hazardous foods that must be kept hot or cold, such as sandwiches, ice cream bars, packaged hot dogs, etc.
<input type="checkbox"/>	Non-potentially hazardous foods prepackaged single service snack items such as bottled/canned beverages, candy bars, and bagged chips.
<input type="checkbox"/>	Fresh produce, whole uncut fruits and vegetables.

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<b>DAYS &amp; HOURS OF OPERATION</b>								
<b>DAY</b>	<b>OPEN</b>	<b>CLOSE</b>	<b>DAY</b>	<b>OPEN</b>	<b>CLOSE</b>	<b>DAY</b>	<b>OPEN</b>	<b>CLOSE</b>
Mon.			Thurs.			Sun.		
Tues.			Fri.					
Wed.			Sat.					

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<b>WILL THERE BE USE OF ANY COMBUSTIBLE FUEL?</b>	_____ Yes	_____ No
If YES, please specify the type to be used: _____		
<b>PLEASE GIVE THE LOCATION ON THE CART OR STAND WHERE THE FIRE EXTINGUISHER IS TO BE LOCATED (Min. 40:BC rated fire extinguisher required):</b>		

<b>ATTACHMENT CHECKLIST</b>	
<b>HAVE YOU ATTACHED THE FOLLOWING . . .</b>	<b>YES</b>
<b>THREE</b> (3) prints of a full-face photograph of Applicant	
<b>PHOTOGRAPH</b> (or Scale Drawing) of the Pushcart and/or any other equipment to be used. <i>(Do not need to supply if you are the <u>employee</u>)</i>	
<b>FEES:</b> \$50.00 Annual Permit Fee for each applicant & \$50.00 Annual Occupation Tax for each cart. If cart is already licensed & you are applying as an employee, it is just a \$50.00 Annual Permit Fee.	
<b>CERTIFICATE OF LIABILITY INSURANCE, an Original, which contains the following:</b> <ul style="list-style-type: none"> <li>• Public liability insurance in the form of a commercial comprehensive general liability policy with a minimum combined single limit of \$500,000 aggregate for any one occurrence.</li> <li>• The coverage herein shall be subject to review and approval by the City Attorney.</li> <li>• Each <u>employee</u> must be named as either a policy holder or as an additional insured &amp; this must be provided with their application or the application will be returned as incomplete!</li> <li>• Corporation Name/Owner Name &amp; “doing business as” name</li> <li>• Employee name, if applicable</li> <li>• City named Additional Insured</li> <li>• <b>30 day</b> Cancellation notice to City Clerk</li> <li>• Certificate Holder <b>must</b> contain the following: City of Lincoln, City Clerk’s Office, 555 S. 10<sup>th</sup> St., Lincoln NE 68508</li> </ul>	
<b>PROOF APPLICANT HAS OBTAINED AUTHORITY TO COLLECT SALES TAXES</b>	

<b>TO OPERATE IN THE B-3 DISTRICT, YOU MUST ALSO PROVIDE THE FOLLOWING . . .</b>	
<b>HAVE YOU ATTACHED THE FOLLOWING . . .</b>	<b>YES</b>
Letter from the record owner of the abutting property consenting to the applicant’s use of the designated sidewalk space for applicant’s pushcart or stand, or verification that the applicant IS the record owner of the abutting property.	
If the designated sidewalk space is within 50 ft. of the property line of any building used for residential purposes, a letter from the record owner of the building consenting to the applicant’s use of the designated space must be provided.	

**CONSENT TO INVESTIGATION**

The applicant, being first duly sworn upon oath, states that he/she has made the foregoing application; that he/she has read and signed the same and knows the contents thereof and that all statements contained therein are true.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, and said applicant hereby waives any rights or causes of action that said applicant may have against the City of Lincoln, the Police Department of the City of Lincoln and any other individual or agency disclosing or releasing said information to the City of Lincoln or the Police Department of the City of Lincoln.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Signature

REVIEWING ACTION - OFFICE USE ONLY			
DEPARTMENT	APPROVED / DENIED	SIGNATURE	DATE
Public Works - Sidewalk Inspector:			
Police Dept.:			
Bureau of Fire Prevention:			
Health Dept.:			
Urban Development Dept.:			
Planning & Urban Design:			
Building & Safety Dept.:			

COMMENTS