

SIDEWALK VENDORS PERMIT REQUIREMENTS BL2023-1647

<u>Required</u>	Provided	Requirements
		Completed Street Vendors/Sidewalk Permit Application
		Street Vendors Application Fee of \$100 (non-refundable)
		Business License from your county clerk and/or city of record
		Copy of General Liability Insurance with minimum \$1,000,000.00 coverage
	The following must be printed on your insurance certificate Accord, by the insurance provider and it must state in the Description of Operations field the following (The Metropolita Government of Nashville-Davidson County is listed as the additional insured.) In the Certificate Holder field, the provider must include the following:	
		The Metropolitan Government of Nashville-Davidson County Metro Legal & Claims, c/o Insurance and Safety Division 222 3 rd Avenue North, Suite 501 Nashville, TN 37201
		Photo of vendor's cart/stand. The vendor's cart must meet size restrictions/requirements of 4 feet by 6 feet by 7 feet
		Three passport-sized photos of owner/vendor operating the business.
		Copy of a valid Driver's License / Identification Card
		Copy of Health Permit (if applicable)
		Copy of Fire Permit (if applicable)

NDOT APPLICATION FOR SIDEWALK VENDORS (BL2023-1647)

I hereby understand and acknowledge that by submitting this application and signing below I am agreeing to indemnify and hold harmless the Metropolitan Government from any and all claims arising out of the operation of sidewalk vending by the applicant.

Please Select One:		
Application for Sidewalk En		
Renewal Application for Sid	lewalk Encroachment Pe	rmit
Vendor Location: (address or cross streets)		
Complete description of the food or merchan Beverage vendors must have a Health P Inspection.		
Business Information:		
Advertised Name:	Phone:	
Address:		
City:	State:	Zip:
Type of Entity:	Email Addre	ess:
Owner's Information (Identify owner. officers	s. and/or partners. Attach	extra sheet if necessary):
Name:	Driver's License #:	
Title:	Phone:	
Mailing Address:		
City:	State:	Zip:
Email Address:	Title:	
Applicant's Name:	_ Driver's License #:	
Title:	Phone:	
Mailing Address:		
City:	State:	Zip:
Email Address:	Title:	

<u>Responsible Associate (if applicable):</u>

Contact Agent (sign name):
Contact Agent (print name):
Phone:
Email Address:
Contact Agent (sign name):
Contact Agent (print name):
Phone:
Email Address:
 Signature of Owners or Corporate Officer (all owners must sign):
Signature:
Signature:
Signature:
Signature:
Make remittance payable to "NDOT"
Office located at 720 South 5 th St, Nashville, TN 37206
Phone # (615) 862-8782
Please note: This permit is exclusively issued for NDOT approved occupancy in the public right-of-way. Requests for approvals on private property (such as parking lot spaces) may require a permit from Metro Codes.
Office Use
Date:
Vendor Permit:

Business Number:_____

Expiration Date:_____