

Annual-00021



CITY OF CLEVELAND
Mayor Frank G. Jackson

VENDOR MOBILE
LOCATION PERMIT
APPLICATION

PAID
PAID
BY:
CITY OF CLEVELAND
DEPARTMENT OF FINANCE
MAY 25 2021
Division of Assessments & Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2264 Hours of Operation: 8am to 5pm Weekdays DALLicenses@city.cleveland.oh.us

Date: Fee: \$100.00 - Non refundable

SECTION A - TYPE OF PERMIT

- LICENSE FOR OUTSIDE CENTRAL BUSINESS DISTRICT
- LICENSE FOR INSIDE CENTRAL BUSINESS DISTRICT

SECTION B - APPLICANT INFORMATION

Name: *Torreaun D'arndre Williams*
 Address: *10209 Lamontier*
 City: *Cleveland* ST: *OH* Zip: *44109*
 Telephone: [Redacted] Email: *TorreaunWilliams@gmail.com*
 Social Security Number or Federal ID Number: [Redacted]

SECTION C - CORPORATION / BUSINESS INFORMATION

Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Telephone: _____ Email: _____
 Federal ID Number: _____

IF NOT THE OWNER

Employer Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Telephone: _____ Email: _____

SECTION D - QUESTIONNAIRE

Food Service or Retail Food number (attach copy): _____

Description of vending device or temporary structure. Include size and the distance from vending device to public sidewalks, parking lots, driveways and other areas used or usable for vehicular travel or parking.
Table with merchandise canopy and coolers

Detailed description of products sold.
Beverages, T-shirts, pre packed baked goods, ~~snacks~~, ~~snacks~~ Metels, Free lance art, with accessories as such.

Ward(s): *4-3-1-7-12 1-17 (Ward-4 Base)*



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SPECIFIC DECLARATION

Applicant hereby acknowledges that he/she has read and understands Codified Ordinances §675.04 (Permits Required), §675.08 (Permit: Mobile Vending Outside the Central Business district), §675.061 (Inside Central Business district) §675.09 (Regulations Governing Vendors), §675.10 (Revocation or Suspension of License or Permit; Appeals), and §675.99 (Penalty) and understands the obligations of a Street Vendor.

I hereby agree to move continuously from place to place in the following area in Wards(s).
Indicate Outside or Inside district area.

LOCATION	WARD	OUTSIDE DISTRICT	INSIDE DISTRICT
Ward 4 Base Union 3 E 93rd Broadway 3 Union	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SIGNATURE OF APPLICANT

OFFICE USE ONLY

	Signature	Date		
Director of Capital Projects			<input type="checkbox"/> Yes	<input type="checkbox"/> No
City Planning Approval			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Council Notification			<input type="checkbox"/> Yes Attached	