PEDDLER LICENSE APPLICATION

DATE ____________

Name (A) _______________________________ Phone # ___________________________

Current Address ________________________________________________________________

E-Mail ________________________________________________

Date of Birth ___________________________ Place of Birth _________________________

Name (B) _______________________________ Phone # ___________________________

Current Address ________________________________________________________________

E-Mail ________________________________________________

Date of Birth ___________________________ Place of Birth _________________________

How long have you lived in VT? _________ Business Name ___________________________

Have you ever been convicted of any misdemeanor, felony, or violation of any city or town ordinance or law? No ___ Yes ___

If yes please explain ____________________________________________________________

Do you have any criminal charges pending against you in any federal, state, local or military courts? No ___ Yes ___

If yes, please list each crime, date of conviction and the city and state in which the court is located.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Have you ever had a peddler license with the City of Burlington (including the Church Street Marketplace)? No ___ Yes ___

If yes, has this license ever been revoked for any reason? No ___ Yes ___ If revoked, please explain why and when ______________

_______________________________________________________________________________

Name, address & phone # of current employer _______________________________________

Gross Receipts # _______________ VT Dept. of Health Inspection # ____________ VT Secretary of State Business ID # ____________

Vehicle Registration # (for food trucks only) __________________ License Plate # (for food trucks only) ____________

Types of goods being sold _______________________________________________________

_______________________________________________________________________________

The City of Burlington will not tolerate unlawful harassment or discrimination on the basis of political or religious affiliation, race, color, national origin, place of birth, ancestry, age, sex, sexual orientation, gender identity, marital status, veteran status, disability, HIV positive status or genetic information. The City is also committed to providing proper access to services, facilities, and employment opportunities. For accessibility information or alternative formats, please contact Human Resources Department at 865-7145.

Revised 5/2018
Description of Table, Cart, Stand or Vehicle

Proposed Location (see map for central district peddlers)

Spot # _______ License Type: Annual _______ Month to Month _______

CONDITIONS OF MY PEDDLER’S LICENSE

1) I will display my license at all times.
2) I will inform the City Clerk’s Office of any changes in locations.
3) If I use employees, I shall be responsible for ensuring that they comply fully with the peddler’s ordinance.
4) I will be courteous to nearby businesses and neighbors.
5) I will not peddle within 15 feet of another peddler unless otherwise designated by the License Committee and I will not peddle within 30 feet of a business or peddler selling similar produce or wares.
6) I will not peddle within 10 feet of the Flynn Marquee.
7) I will not peddle within 5 feet on either side of any business’ doors or windows during their hours of operation.
8) I will not peddle in front of a handicapped parking space unless I have a legal right to park in that space.
9) I will not interfere with pedestrian traffic flow and the longest dimension of my cart will be parallel to the curb line.
10) I will display my products in a neat and safe manner that is pleasing to the public. All extra inventory will be stored completely out of public view.
11) I will not use styrofoam containers.
12) If I sell food, I will provide a trash receptacle and broom-clean the area around my cart within the 15 foot radius. I will not discharge any grease, ash or any other form of refuse unto any street or sidewalk. I will not deposit my trash into any city receptacles.
13) I will move my peddler cart, stand or vehicle from the public street or sidewalk at the close of each business day (dusk).
14) I will abide by all state and local laws at all times.

I hereby certify that the information I provided on this application is true and complete to the best of my knowledge and belief and I understand that any false or incomplete statements can lead to the revocation of my license. I have also read the conditions of my license and I understand that failure to abide by them and all other ordinances pertaining to peddling may lead to the revocation or denial of my license.

_________________________________  ___________________________  __________
Signature of Peddler                  Notary                      Date

FOR OFFICE USE ONLY

Background check ______ Fee paid ______ Date ______

COI _______ VT Dept. Health Cert. _______ SoS Business ID _______ Pictures _______

License: Central General University Fee Paid ______ Deposit Paid(University only) ______ Date ______

License Valid From _______________ To _______________

NOTES:

The City of Burlington will not tolerate unlawful harassment or discrimination on the basis of political or religious affiliation, race, color, national origin, place of birth, ancestry, age, sex, sexual orientation, gender identity, marital status, veteran status, disability, HIV positive status or genetic information. The City is also committed to providing proper access to services, facilities, and employment opportunities. For accessibility information or alternative formats, please contact Human Resources Department at 865-7145.

Revised 5/2018
City of Burlington -- Licensing Division
Background Consent/Release Form

Applicant's Legal Name (printed)

__________________________

Alias':

Social Security Number __________________________ Date of Birth __________________________

Driver's License Number ________________________ Licensing State ________________________

Applicant's Current Address

__________________________

City __________________________ State ________ Zip ________

Applicant's Addresses for last five years

__________________________

__________________________

__________________________

I, __________________________, authorize and give consent for the above named organization to obtain information regarding myself. I understand that I may be required to have one or more of the record checks listed below completed at my expense:

- Vermont Criminal Information Center (VCIC) Criminal Background Check
- Vermont Department of Motor Vehicles (3-year or Full Record)
- SSCI — National Criminal background records/information which includes the following:
  - Sex Offender Registry Checks
  - Addresses
  - Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence as is permitted by law. I

Print Name: __________________________ Date: __________________________

Signature: __________________________

MAKE CHECK OUT FOR $45.00 TO CITY OF BURLINGTON
Restaurant, Hotel, Amusements and Admissions Tax ID Application
PER CITY OF BURLINGTON MUNICIPAL CODE SEC 21-31

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA or LLC (if applicable)</td>
<td>Mailing Address - Street #</td>
</tr>
<tr>
<td>Owner or Officer</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Federal Tax ID # <em>(Do not use your Social Security#)</em></td>
</tr>
<tr>
<td>Email Address</td>
<td>Telephone Number</td>
</tr>
<tr>
<td></td>
<td>( )</td>
</tr>
<tr>
<td>Business Inception Date</td>
<td>Nature of Service Offered or Products Sold</td>
</tr>
</tbody>
</table>

Please complete this application and return to our office after which an ID# along with a master tax return will be e-mailed to you.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

ABC INSURANCE
123 MAIN ST.
BURLINGTON, VT 05401

INSURED

YOUR BUSINESS
321 PINE ST.
BURLINGTON VT 05408

DATE (MM/DD/YYYY): 04/20/2018

CONTACT

NAME: [Name]
PHONE: (AIC No. Exp): (800) 123-4567
FAX: N/A
E-MAIL: Certificate@Insurance.com
ADDRESS: [Address]
INSURER(S) AFFORDING COVERAGE
INSURER A: Insurance Company A
INSURER B: Insurance Company B
INSURER C: N/A
INSURER D: N/A
INSURER E: N/A
INSURER F: N/A

REVISION NUMBER:

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>INSURED LIMITS</th>
<th>TYPE OF INSURANCE</th>
<th>ADD. SUBS. LIMIT</th>
<th>POLICY NUMBER</th>
<th>POLICY EXPIRY (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>X CLAIMS-MADE</td>
<td>Y ODF A726051 02</td>
<td>09/04/2017</td>
<td>EACH OCCURRENCE $1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (Ex occurrence) $300,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MED EXP (Any one person) $5,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY $1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE $2,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PRODUCTS- COMPROP AGG $2,000,000</td>
</tr>
<tr>
<td>B</td>
<td>AUTOMOBILE LIABILITY</td>
<td>X ANY AUTO</td>
<td>Y AWF A725077 02</td>
<td>09/04/2017</td>
<td>COMBINED SINGLE LIMIT $1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X OWNED AUTO</td>
<td></td>
<td></td>
<td>BOILY INJURY (Per person) $</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X SCHEDULED AUTO</td>
<td></td>
<td></td>
<td>BOILY INJURY (Per accident) $</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X NON-OWNED AUTO</td>
<td></td>
<td></td>
<td>PROPERTY DAMAGE (Per accident) $</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X OTHER AUTO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>UMBRELLA LIABILITY</td>
<td>OCCUR</td>
<td></td>
<td></td>
<td>EACH OCCURRENCE $</td>
</tr>
<tr>
<td></td>
<td>EXCESS LIABILITY</td>
<td>CLAIMS-MADE</td>
<td></td>
<td></td>
<td>AGGREGATE $</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORKERS COMPENSATION</td>
<td>N/A</td>
<td>Y N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND EMPLOYERS' LIABILITY</td>
<td>ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/EMERGENCY EXCLUDED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Mandatory in NH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CITY OF BURLINGTON is an Additional Insured on General Liability pursuant to the terms and conditions of form: 391-1006 (Businessowners Liability Special Broadening Endorsement) and CA 0001 (Business Auto Coverage). Cancellation Notice will be provided to the Certificate Holder pursuant to endorsement: 401-1235 (Notice of Cancellation). Such notice is solely for the purpose of informing the Certificate Holder of the effective date of cancellation and does not grant, alter, or extend any rights or obligations under this policy.

CERTIFICATE HOLDER

CITY OF BURLINGTON, CLERK/TREASURER'S OFFICE
ATTN: PEDDLER'S LICENSE
149 CHURCH STREET
BURLINGTON, VT 05401

CANCELATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Simone Shotler

© 1988-2015 ACORD CORPORATION. All rights reserved.