



# APPLICATION FOR STREET & SIDEWALK VENDOR LICENSE

A NON-REFUNDABLE LICENSE FEE OF \$50.00 DUE AT SUBMITTAL

Submit to City and Borough of Juneau Permit Center

Mailing: 155 S. Seward Street, Juneau, AK 99801

Physical: Marine View Bldg. 230 South Franklin Street

Phone: 907-586-0770 / Fax: 907-586-3365

SSV Case Number: \_\_\_\_\_

**Please note:** Questions 1 and 2 must be completed to submit the application to hold your requested vending space. Questions 3, 4, and 5 must be completed prior to permit issuance. \*Copies of Insurance Coverage Page, State Business License, State Health Permit (for food vendors), CCFR Open Flame permit (for vendors using non-electric heat sources) and approval by CBJ Finance Department are required before a permit will be issued.

1. **Name of applicant** \_\_\_\_\_

**Mailing address of applicant** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number**(\_\_\_\_) \_\_\_\_\_ **Fax Number**(\_\_\_\_) \_\_\_\_\_

2. **Applicant's business name:** \_\_\_\_\_

**Business Phone** (\_\_\_\_) \_\_\_\_\_ **Fax Number**(\_\_\_\_) \_\_\_\_\_

**Requested vendor location** (see map for number) \_\_\_\_\_

[Carts need to be at least 3 feet from all fire hydrants and access to hydrants cannot be blocked.]

**\*\*Dates and hours of operation** \_\_\_\_\_

-These are the dates you will be billed for and responsible for paying. Should you decide to end on a different date, you need to contact the permit center no later than 30 days prior to your last date of operation or you will be required to pay the full fees for the dates you have listed above. An extension of dates can be requested in writing to the Permit Center; we will review the request and issue a new permit if approved.

**Description of vending cart** (carts may not exceed what is allowed by CBJ 62.10.070 – Attach photos or diagrams if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of goods to be sold** (See CBJ 62.10.050 or 62.10.070 for allowable items)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **\*State business license number:** \_\_\_\_\_

4. **\*Sales tax number:** \_\_\_\_\_

5. **\*State of Alaska Health Permit number:**(when vending food items) \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**For CBJ Permit Center use only**

Date Received: _____ Fee Paid \$ _____ **Permit dates approved _____
*CBJ Finance Department approval _____ CCFR Fire permit approved _____
*Attached: Insurance coverage page _____, State Business License _____, DEC health permit _____
Date approved: _____ Location approved: _____