



## CITY OF LEWISTON TEMPORARY VENDOR LICENSE

### PURPOSE AND DEFINITION

The licensing of all temporary vendors within the City is necessary for the purpose of protecting the citizens and businesses of the City and public right-of-way.

*Temporary vendor* means the operation of a business on a vacant lot, outside of an enclosed building in the open air or under a canopy, tent or other membrane structure. This definition does not include those businesses operating in the open air or under a canopy, tent or other membrane structure on the premises of another licensed business, which licensed business is operating in a building.

***This is a sixteen (16) consecutive day license.***

### HOW TO APPLY

You may obtain a license application from the Community Development Department. You may call the Business License Office at 208-746-7363 to request an application or go to the city website at [www.cityoflewiston.org](http://www.cityoflewiston.org) to print one.

### TIME FRAME

A license review takes approximately seven to fourteen (7-14) working days from the time we receive the license application to the time you receive your license.

### REVIEW PROCESS

When the completed application has been received by the Business License Office, copies are sent to the Fire Department, Building and Zoning Officials.

The Zoning Official reviews the application to determine if the business is allowed in the zone. In some instances, a conditional use permit may be required; if so, approval of the conditional use is required by the Planning and Zoning Commission before a business license may be issued. The Building Official will be reviewing the building, tent, or other structure used for structural safety. The Fire Department will review the application and do a site inspection for clear access to fire lanes, fire extinguisher, and other safety related issues.

### LICENSE FEE

The license fee is calculated on number of employees. Refer to the Business License Fee Schedule for current rates. License fees are updated annually on October 1.

### REFUND POLICY

Withdrawal of Application – If, upon written request by the applicant to the Business Licensing Coordinator to withdraw an application for license, a refund shall be granted, less a processing fee; provided however, that no investigation had been conducted of the business premise or a license issued, in which case a refund shall not be granted.



# CITY OF LEWISTON TEMPORARY VENDOR APPLICATION

This license is required for any vendor intending to set up on private property for temporary sales and not for a vendor who is participating in an organized event with multiple vendors participating. License only valid for a period of (16) days. **Incomplete applications will be rejected.** Submit application and attachments to: City of Lewiston, Business License, 215 "D" St. or PO Box 617, Lewiston, ID 83501. (208) 746-7363.

TEMPORARY LOCATION INFORMATION			
Event Name:		Event Location:	
Total No. of Vendors: _____	No. of Days: _____	Begin Date:	End Date:
CONTACT INFORMATION			
Contact Person Name:		Contact Telephone: ( )	
Title:		After Hours Telephone: ( )	
BUSINESS INFORMATION			
This EVENT is sponsored by: <input type="checkbox"/> Business <input type="checkbox"/> Individual		Business License No.:	
Business or Individual Name:		Business Telephone ( )	
Business/Indiv. Address: <small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code +4</small>			
List ALL Owners, Partners, Corporate Officer, Managers, Members, etc. (If individual owner, list owner only.) Attach Additional Sheets if Needed.			
Last, First, MI:	Res. Address (Street)		SSN:
Title	City, State, Zip +4		Res. Tele:
Last, First, MI:	Res. Address (Street)		SSN:
Title	City, State, Zip +4		Res. Tele:
Last, First, MI:	Res. Address (Street)		SSN:
Title	City, State, Zip +4		Res. Tele:
Responsible Local Contact (Last, First, MI & Title)	Residence Address (Street, City, State, Zip +4)		Residence Telephone ( )
SITE PLAN			
Attach a site plan of the location to be used for this event and indicate vendor locations.			
VENDOR INFORMATION			
Attach a list of participating vendors. List vendor name, vendor contact name, contact phone and vendor type (retail, food, etc). Food vendors are required to hold a valid Idaho food safety certification <u>and</u> an Idaho food establishment permit <u>or</u> exemption from Public Health. All <b>food vendors</b> must contact the local health department prior to event: Public Health, 215 10 <sup>th</sup> St, Lewiston ID 83501 Tele: (208) 799-3100.			
<b>LICENSE AND FEES:</b> Refer to Business & Occupation Fee Schedule to determine fees.			
			License Fee \$ _____

I CERTIFY THE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**\*\*Signatures must be that of a responsible party.**

**Legal signatures include: individual, sole proprietor-owner, corporate officer, partner, managing member or agent.**

**Signature	Print Name and Title	Date



## CITY OF LEWISTON TEMPORARY VENDOR ADDENDUM

This addendum is required for all temporary vendor stands located within the corporate city limits of Lewiston. It must accompany your application for a business license. Submit application and attachments to: City of Lewiston, Business Licensing, 215 "D" St or PO Box 617, Lewiston ID 83501. Questions may be directed to Business Licensing at (208) 746-7363. **Note: Temporary vendor license period (16) consecutive days.**

<b>This Addendum is For the Business Of:</b>	<b>Company Name:</b>	<b>Telephone</b> (   )
<b>TEMPORARY SALES LOCATION</b>		
<b>Location:</b>	<b>Sales Start Date:</b>	<b>Sales Hours:</b> From _____ To _____
<b>Describe Product to be Sold:</b>		For food products or farm produce, Health Department Approval Required.
<b>PROPERTY OWNER CONSENT</b>		
<b>Property Owner Name:</b>		<b>Telephone</b> (   )
<p>I, the undersigned, do hereby certify that I am the owner or the responsible agent of the <u>premises</u> described above and in the application for a temporary vendor license.</p> <p>I consent to the issuance of the temporary vendor license applied for and that said premises may be used to conduct business for which said license is applied for and understand the license will not exceed a period of sixteen (16) consecutive days.</p> <p style="text-align: right; margin-right: 100px;">Respectfully,</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;">Signature of Property Owner or Agent</p>		

DRAW YOUR FLOOR/SITE PLAN HERE – SAMPLE ATTACHED

# Sample Plan

## Temporary Vendor Site Plan Drawing

Identify adjacent streets, sales area location, access, parking, type of signage and lighting. Include distance from buildings, property lines and streets. If using a protective cover, tent or other indicate size. If using lighting, indicate source of power. One (1) 2A10BC Fire extinguisher is required within the sales area.

Shopping Mall

Parking

Parking

Sports Authority

230'

300'

Temporary Vendor

500'+

Parking

100'

Property Address: 1234 City Street

N

Not to Scale

Exit

Exit

Sidewalk

Sidewalk

City Street

