



**CITY OF NEWARK
DELAWARE**

FOR OFFICE USE ONLY	
Date Received	_____
Date Sent to NPD	_____
Date Rec'd from NPD	_____
Date License Issued	_____
License No.	_____

APPLICATION FOR PEDDLERS/VENDORS LICENSE

a) Applicant

Name of Applicant: _____
(Print Name)

Date of Birth: _____

Business Address: _____

Telephone Number: _____

Home Address: _____

Telephone Number: _____

b) Owner (This section should be completed if business or vending equipment is not owned by the applicant.)

Name of owner: _____

Address: _____

Telephone Number: _____

c) Description of Items to be Sold:

Description: _____

d) Proposed Location of Vending Stand or Motor Vehicle

This must be specifically described. See Attachment A. Licensee will be limited to the single location described, subject to all conditions and prohibitions set forth in Chapter 21 of the City Code. If a motor vehicle is to be used for vending, a description of the general area proposed for vending must be provided.

e) Description of Vending Stand or Motor Vehicle

A photograph of the vending stand or motor vehicle proposed for use must be provided. Stand dimensions must be included in description.

Motor vehicle license number _____

f) State of Delaware Approvals

Board of Health Certificate Number _____

Date of Approval _____

Expiration Date _____

Other (Description) _____

g) Insurance

Proof of insurance must be attached for claims for damages to property and bodily injury, including death, which may arise from operations under or in connection with a license issued in response to this application. The City of Newark must be a named insured.

Proof of insurance attached? Yes No

If no, reason for not attaching _____

h) Character References (List the names, addresses, and telephone numbers of three individuals who can attest to the good character of the applicant.)

Name _____ Address _____

Telephone _____

Name _____ Address _____

Telephone _____

Name _____ Address _____

Telephone _____

i) Felony Convictions (This section should be completed only by applicants who have been convicted of a felony crime within the past five years.)

Charge _____

State _____

Sentence _____ Date of Sentence _____

Official who can provide information regarding applicants' rehabilitation.

Name _____

Address _____

Telephone _____

j) Term of License Requested

____ One Day/Date Requested _____

____ One Month/Month Requested _____

____ Annual, _____

Certification of Truthfulness

I certify that the information provided above is true and that I have read and am familiar with the regulations which apply to Peddlers and Vendors in the City of Newark.

Signature of Applicant: _____ Date: _____

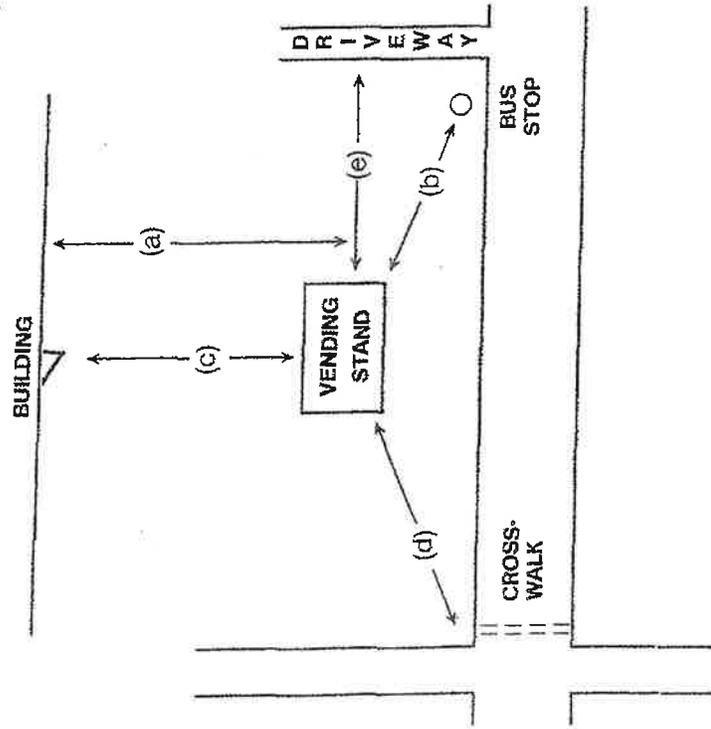
LOCATION REGULATIONS

Vending Stands must be located to Comply with the following:

- (a) Minimum of 13 feet of unobstructed sidewalk clearance
- (b) 5 feet from a signed Bus Stop
- (c) 8 feet from a building entrance
- (d) 10 feet from an intersection with a crosswalk
- (e) 20 feet from any driveway entrance to a police or fire station or 10 feet from any other driveway
- (f) 50 feet from another licensed vendor

ATTACHMENT A

Use this side to specifically locate your vending stand, using exact measurements





CITY OF NEWARK

220 South Main Street · Newark, Delaware 19711
302.366.7000 · www.cityofnewarkde.us

VENDOR DISCLOSURE FORM

In conjunction with your application to the City of Newark for a Vendor's License, you are required to completely and accurately fill in all requested information on this disclosure form and to present the form to the owner or operator of the business or property which is immediately adjacent to the area of the public right of way where you intend to place your vending stand or device from which you intend to see goods, products or services. When you have secured the approval of said owner or tenant, please return this disclosure form to the City Secretary, 220 South Main Street, Newark, DE

Name of Applicant: _____

Home Address: _____

Telephone Number: _____

Proposed Location of Vending Stand: _____

Description of Vending Stand: _____

Description of Items to Be Sold: _____

Hours, Days and Months of the Year During Which You Intend to Vend at Said Location: _____

Property Owner Consent:

I, _____, am the property owner of the property which is immediately adjacent to the proposed vending location described above. The name and address of my business is _____. I have reviewed the information set forth above. In reliance on the accuracy of said information, I do not object to the conduct of the vending which is described on this form at the location where the license applicant seeks to vend.



CITY OF NEWARK

220 South Main Street · Newark, Delaware 19711
302.366.7000 · www.cityofnewarkde.us

Property Owner: _____

Signature & Date

Print

Business Owner Consent:

I, _____, am the business owner of the property which is immediately adjacent to the proposed vending location described above. The name and address of my business is _____. I have reviewed the information set forth above. In reliance on the accuracy of said information, I do not object to the conduct of the vending which is described on this form at the location where the license applicant seeks to vend.

Business Owner: _____

Signature

Print

Date: _____