

2020 NON-FOOD VENDOR Packet



Saturday, June 27th, 2020
11am-5pm

Summers Street, Slack Plaza & Brawley Walkway
Charleston, WV

What are we getting ourselves into?

THAT'S A FANTASTIC QUESTION. THE ANSWER IS SIMPLE-AN AWESOME TACO FESTIVAL HERE IN CHARLESTON, WITH THE CRAZIEST OF TACO LOVERS AND IT BENEFITS OUR LOCAL NON-PROFIT ORGANIZATIONS! YEAH, WE THINK ITS PRETTY AWESOME TOO!

EVENT LOCATION

Summers Street, Slack Plaza
Charleston, WV 25301

EVENT DATE & TIME

Saturday, June 27th, 11am-5pm

THE GIST

- * \$10.00 Admission for those over 12 at the gates. (expected attendance of 1500-2000)
- * Attendees buy tickets worth \$1 each to use for all food and drinks.
- * The tacos will be sold for \$3.00 each.
- * Each team shall have no more than 4 tacos or similar foods that compliment tacos to sell. No food items should be sold for more than the cost of tacos.
- * Other items such as street corn, churros, etc will be offered as well.
- * 90% of your proceeds go right back to your business and we ask that you make a donation to a local NON-PROFIT since THIS is what Taco Fest is about!

FESTIVAL COMPONENTS INCLUDE

- * LIVE MUSIC STAGE
- * HOT PEPPER EATING CONTEST
- * TACO EATING CONTEST
- * DOG COSTUME CONTEST
- * BEER & MARGARITA BAR
- * TEQUILA TASTING EXPO
- * LUCHE LIBRE WRESTLING MATCHES
- * PIÑATAS IN THE PARK, A FUNDRAISER FOR LOCAL EDUCATORS!
- * KIDS ZONE!
- * VIP AREA
- * MORE TO COME!



CHARLESTON TACO FESTIVAL
Non-Food Vendor Application

**DEADLINE FOR APPLICATIONS AND PAYMENT:
MONDAY MAY 18th , 2020
THERE WILL BE NO REFUNDS FOR CANCELLATIONS AFTER THIS DATE!**

Business Name: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Number of 10x10 Booths Requested: _____ x \$250.00= _____

Will you need electricity? (Please add \$50.00 if YES) _____

Total Amount Due To Black Sheep Enterprises: _____

The undersigned agrees to abide by the official rules & regulations of Charleston Taco Festival.

Signed By: _____ Date: _____



CHARLESTON TACO FESTIVAL
Non-Food Vendor Application

Please use this sheet to describe in detail what items you would like to sell .
Please include any pictures that will help our team make a decision.

Once approved, you will receive a Vendor Agreement Form and another packet with
Load-In Information, Parking, Etc.

CHARLESTON TACO FESTIVAL
Non-Food Vendor Application

Application CHECKLIST

- Completed Charleston Taco Festival Application
- Check or Money Order for Booth Space Made out to Black Sheep Enterprises

- Completed City of Charleston Business Registration/Mobile Vendor Application, if you had a Mobile Vendor Permit last year you will use the RENEWAL form. If you are a new vendor, you will use the BUSINESS REGISTRATION FORM. Choose option #9 on page three of application. Call (304) 348-8024 with any questions.
- Check or Money Order in the amount of \$20.00 for Mobile Vendor Permit made out to the City of Charleston
- Completed City of Charleston Hold Harmless Agreement for Vendors
- Completed W9 Form
- Proof of Liability Insurance
- Signed copy of City of Charleston Fire Department's Outdoor Event Requirements

Email to: info@tacofestwv.com

Mail to: Black Sheep Burrito & Brews, 162 Quarrier Street, Charleston, WV 25301
ATTN: Charleston Taco Festival

BUSINESS REGISTRATION

City of Charleston
915 Quarrier St., Suite 4
Charleston, WV 25301
Phone: (304)348-8024
Fax: (304)347-1810
www.charlestonwv.gov



RTS ACCOUNT# _____
B&O: Yes / No
CSF: Yes / No
BL: Yes / No
License Fees _____
Penalty: _____
TOTAL PAID: _____

City Official Use Only

IMPORTANT: This is a four-page application. All applicable questions must be answered in order to properly classify business activities. Incomplete forms will delay the processing of your application.

Section I. General Information:

1. Company Name: _____
2. DBA: _____
3. Federal Employer ID Social Security Number*: _____
4. Physical Address of Business: _____
5. City _____ 6. State _____ 7. Zip Code _____
8. Physical Location Phone Number: _____
9. Contact Name: _____ Contact Email: _____
10. Contact Phone Number: _____ Fax: _____ Mobile: _____
11. Mailing Address: _____
12. City _____ 13. State _____ 14. Zip Code _____
15. Ownership Type:
_____ Proprietorship _____ Partnership _____ Corporation _____ Non-Profit _____ Other
(Include copy of 501 (3) (c))
16. Description of Business _____
17. Date Business Began Operation in Charleston _____
18. Do you have an employee(s) working out of their home that is located within the city limits of Charleston? Yes / No
If you answered yes to question = 18. please provide a description of the employee(s) job duties: _____

19. Does this business own the property on which it is located? Yes No

If not, who is the owner? _____

Owner's address _____

Owner's phone == _____

20. Does your business contain vending machines? _____ If so, who is the owner and their address?

*****If you answer **YES** to Any of the questions below complete **Pages 1 - 4** of this application*****
If you answer **NO** to All of the questions below only complete **Pages 1 & 2**

21. Do you have a physical location in Charleston? Yes No

22. Will you set-up a vending booth or bring in a motorized/non-motorized vending cart or vehicle in order to sell food or merchandise? Yes No

23. Is this a Home Based Business: Yes No **Home Based Business-** A business that is operated out of a personal residence.

24. Do you own more than 1 rental unit in the City of Charleston? Yes No If Yes, how many units: _____

Please attach a sheet listing all rental property that you own in the City of Charleston.

List all principle officers, proprietors, partners or any individual owning more than 25% of the business:

Name _____ Social Security # _____

Address _____ Telephone # _____

Name _____ Social Security # _____

Address _____ Telephone # _____

Name _____ Social Security # _____

Address _____ Telephone # _____

Privacy Act Statement

Disclosure of a Social Security Number (SSN) to the City of Charleston is voluntary. If you do not wish to disclose your SSN, you may provide an alternative identification number. The City of Charleston solicits this information pursuant to West Virginia Code § 8-13-13 and the Charleston City Code. The City of Charleston will not disclose your SSN or any other information you provide to any other entity or party.

Authorized Signature of Business: By signing below, I do hereby certify and declare, under penalty of perjury, that the information furnished in this application is true, complete and accurate to the best of my knowledge.

Signature of Business Owner or Authorized Agent

Date

Title

Section II. Business License Category: (Only complete this section if you answered yes to Question #21, #22, #23, or #24)

1. Select the appropriate license(s) for your business in **Part A**. All businesses with a storefront or a physical location within the City of Charleston are required to purchase a General Business License. Sales of beer or liquor or street vending activities require an additional license. If your business intends to sell beer or liquor, you **must** attach a copy of your WV ABCC License. If your business desires to engage in street vending in the downtown central business district, you **must** provide Proof of Liability Insurance in the aggregate sum of \$500,000, adding the City as an additional insured, and you **must** enter into a Hold Harmless Agreement with the City. Please be aware street vending is only permitted in designated areas. See street vendor rules and regulations and street vendor map for details.
2. Complete **Part B** in its entirety. If your business intends to sell or serve prepared food, you **must** attach a copy of your Kanawha County Health Permit. If your business desires to purchase gold, silver or other precious metals, jewels or other products, you **must** comply with the requirements of §18-863 of the Charleston Municipal Code to report your purchases to the Charleston Police Department. If your business intends to conduct door-to-door sales or engage in home solicitation, a \$3,000 surety bond **must** be posted for **each** sales representative.

3. Sign and date the application in Part C.

Part A:

General Business: (Prorated by quarter)

Liquor - **Must** attach valid WV ABCC License (Prorated by quarter)

___ **0. GENERAL BUSINESS (\$20.00)**

- ___ 6. Private Club Less than 1000 members (\$500.00)
- ___ 7. Private Club More than 1000 members (\$1,250.00)
- ___ 8. Fraternal, Veterans or Non-Profit Social Clubs (\$75.00)

Beer - **Must** attach valid WV ABCC License
(Prorated by Quarter)

- ___ 1. Distributor (\$250.00)
- ___ 2. Dispenser (\$100.00)
- ___ 4. Class A Retail (\$100.00)
- ___ 5. Class B Retail (\$15.00)

Street Vending - **Must** provide Proof of Liability Insurance and enter into a Hold Harmless Agreement with the City. (Prorated by Quarter)

- ___ 9. Street Vending: Motorized/Non-Motorized Cart/Stand (\$20.00)

Part B:

- A. Does your business purchase gold, silver or other precious metals, jewels or products? Yes / No
If yes, see City Code §18-863
- B. Does your business sell? Beer: Yes / No Liquor: Yes / No If Yes, you **Must** attach your ABCC license
- C. Does your business sell or serve prepared food? Yes / No If Yes, you **Must** attach a copy of your Kanawha County Health Permit
- D. Does your business conduct home solicitations or door-to-door sales? Yes / No
If Yes, you **Must** post a \$3,000 surety bond for **each** sales representative.

Part C: Authorized Signature of Business: By signing below, I do hereby certify and declare, under penalty of perjury, that the information furnished in this application is true, complete and accurate to the best of my knowledge.

RTS ACCOUNT # _____

City Official Use Only

Section III. Planning/Zoning & Property Certification:

It is the responsibility of each applicant upon an **initial** application for a city business license/registration to first ascertain inspection and approval for occupancy of the premises from the Planning/Zoning, Building and Fire Departments. **The information in the box below is for a new business, an existing business with a new owner, or an existing business in a new location within the City of Charleston.**

*****Do Not Write Inside This Box—For City Official Use Only*****

TO BE COMPLETED BY: ZONING/PLANNING DEPARTMENT

Phone Number: (304)348-8105

- 1 Was the business location previously occupied? Yes No
- 2 Is the proposed business a continuation of that previous type of business? Yes No
- 3 Has the applicant confirmed the zoning of this location? Yes No
- 4 Does this business conform to the current zoning code? Yes No
- 5 What is the Zoning District of this proposed business: _____
- 6 Applicable Section of the Zoning Ordinance _____
- 7 Has the Planning Office approved the proposed business? Yes No

If no, the reasons are as follows: _____

Approved By _____
Planning Official

Date _____

TO BE COMPLETED BY: BUILDING DEPARTMENT

PHONE NUMBER: (304)348-6833

Approved By: _____
Building Official

Date _____

TO BE COMPLETED BY: FIRE DEPARTMENT

PHONE NUMBER: (304)348-8058

Approved By _____
Fire Department Official

Date _____

Approval Code: _____
 Staff Associate Initial: _____
 License Fees: _____
 Penalty: _____
 TOTAL PAID: _____
 CITY OFFICIAL USE ONLY

BUSINESS LICENSE APPLICATION
City of Charleston
 915 Quarrier St., Suite 4
 Charleston, WV 25301
 Phone: (304)348-8024
 www.charlestonwv.gov



**STREET VENDING
 RENEWAL
 2019-2020**

Name of Business: _____
 DBA: _____
 Attn: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

Please Note: This application is for the renewal of an existing license. If you are a new business or new owner of an existing business, you MUST complete the BUSINESS REGISTRATION APPLICATION.

Section I. License Category:

Street Vending – Proof of current Liability Insurance in the aggregate sum of \$500,000.00 with the City of Charleston listed as an additional insured must be submitted with the renewal application.

___ 9. Street Vending –Motorized/Non-Motorized (\$20.00)

Section II. Business Information:

A. Name of Business: _____
 DBA: _____ Federal Employer ID/Social Security Number*: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____ Phone Number: _____
 B. Ownership Type: ___ Sole Proprietorship ___ Corporation ___ Partnership ___ Non-Profit ___ Other

*****Please attach list of all officers, directors, proprietors or any individual owning 25% or more of the business.*****

C. Name of individual preparing this application: _____ Title: _____
 D. Phone number of preparer: _____ Email: _____
 E. Description of your business: _____
 F. Does your business sell or serve prepared food? Yes / No If Yes, you Must attach your 2019-2020 Kanawha County Health Permit

***Privacy Act Statement:** Disclosure of a Social Security Number (SSN) to the City of Charleston is voluntary. If you do not wish to disclose your SSN, you may provide an alternative identification number. The City of Charleston solicits this information pursuant to West Virginia Code § 8-13-13 and the Charleston City Code. The City of Charleston will not disclose your SSN or any other information you provide to any other entity or party. The City of Charleston requests this information to facilitate the verification of withholding and payment of service fees.

Section III. Authorized Signature of Business: By signing below, I do hereby certify and declare, under penalty of perjury, that the information furnished in this application is true, complete and accurate to the best of my knowledge.

 Signature of Business Owner or Authorized Agent Date Title

RTS ACCOUNT # _____
City Official Use Only

Section IV. Property Inspection: It is the responsibility of each renewal applicant to ascertain inspections and approval of the vending cart/truck from Building and Fire Departments. **Fire & Building Department Inspection Must be Obtained Annually.**

****Do Not Submit Application Without the Required Signatures****

TO BE COMPLETED BY: BUILDING DEPARTMENT

PHONE NUMBER: (304)348-6833

Approved By: _____
Building Official

Date: _____

TO BE COMPLETED BY: FIRE DEPARTMENT

PHONE NUMBER: (304)348-8058

Approved By: _____
Fire Department Official

Date: _____

Business License Renewal Application Instructions (Street Vending):

1. Select the appropriate license(s) for your business in Section I. You **must** provide Proof of Liability Insurance in the aggregate sum of \$500,000 with the City of Charleston listed as an additional insured. Please be aware street vending is only permitted in designated areas. See street vendor rules and regulations and street vendor map on our website: www.charlestonwv.gov for details.
2. Complete Section II in its entirety. If your business intends to sell or serve prepared food, you **must** attach a copy of your 2019-2020 Kanawha County Health Permit.
3. Sign and date the application in Section III.
4. Obtain Building & Fire Department Approval.
5. Mail the completed application with your total payment to the address below on or before **June 30, 2019**. If you have any questions with respect to your application, please contact the City Collector's Office at (304) 348-8024.

Return To:
Charleston City Collector's Office
Attn: Business Licensing
915 Quarrier St., Suite 4
Charleston WV 25301

Hold Harmless Agreement

THIS AGREEMENT, Made this ____ day of _____, 20 ____, by and between THE CITY OF CHARLESTON, WEST VIRGINIA, a municipal corporation, party of the first part, and _____, Vendor, party of the second part.

WHEREAS, the City of Charleston requires that an indemnity agreement be entered into with a street vendor as a condition of allowing the use of its public ways or park areas for street vending; and,

WHEREAS, the party of the second part has applied for a street vending permit; now therefore,

THIS AGREEMENT, WITNESSETH: That, for and in condition of the issuance of said permit and other good and valuable consideration, the party of the second part herein agrees that it shall indemnify and save harmless the party of the first part from and against all claims, suits, damages, costs, losses and expenses in any manner resulting from or arising out of the said street vending activity by the said party of the second part,

WITNESS the following signature:

THE CITY OF CHARLESTON, WEST VIRGINIA,
a municipal corporation,

By: _____
Lamont Moore
City Collector

Vendor

By: _____

Its _____

Taken, subscribed and sworn to before me this ____ day of _____,
20__.

My commission expires: _____.

Notary Public

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.