

**CITY OF JACKSONVILLE
DOWNTOWN INVESTMENT AUTHORITY**

DOWNTOWN SIDEWALK VENDING LOCATION RESERVATION

1. Applicant's Name: _____
2. Applicant's Mailing Address: _____

3. Applicant's Contact Phone Number: _____
4. Applicant's Email Address: _____
5. Vending Location: _____
6. Description of Service/Item Sold: _____
7. Days & Hours of Operation: _____
8. New Vendor? (Yes or No): _____
9. If no, how long at this site: _____

I have read the Downtown Sidewalk Vending Rules and Regulations and understand all of the requirements to operate as a Downtown Sidewalk Vendor. I also understand that I am required to have a Local Business Tax Receipt; a Business License; and General Liability Insurance in the amount of \$200,000 with the City of Jacksonville/Downtown Investment Authority as additional names insured.

Applicant's Signature		Date	
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FOR DIA USE ONLY

Date Reservation Approved	
Date Reservation Expires	

DIA Signature		Date	
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