



# Instructions for Temporary Sidewalk Occupancy Permit Application

**(Outside Central Business District)**

Phone: (216) 664-2264

Hours of Operation:  
8:00 a.m. to 4:30 p.m. Weekdays

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

### **When do you need a Temporary Sidewalk Occupancy Permit?**

A permit is required to sell, offer or display for sale, or solicit another to purchase, for present or future delivery, any goods, wares, merchandise, subscriptions, services, pre-packaged frozen desserts, commercially pre-packaged foods and beverages, or any combination thereof from a specific location on a sidewalk outside of the Central Business District.

This is an annual permit that expires on July 31<sup>st</sup>.

An ordinance of Council specifying the exact location in which the vendor is approved to operate must be passed before a permit can be issued. For more information regarding this permit, please refer to the City of Cleveland Codified Ordinance §675, Street Vendors.

**City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.**

### **How to obtain and/or submit an application:**

In Person/Mail: Cleveland City Hall  
Division of Assessments and Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, OH 44114

Email: Complete, scan and email the application **and** required secondary documentation to [DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov).

### **What to bring or submit to the Division of Assessments and Licenses:**

- 1) Completed and signed application.
- 2) Copy of a current and valid government issued identification
- 3) Two (2) color photos of the mobile vending device (see vehicle requirements for Frozen Desserts).
- 4) Copy of your current Retail Food Establishment or Food Service Operation license or Exemption letter from a State of Ohio licensing agency if selling pre-packaged foods and beverages.
- 5) The completed sidewalk narrative indicating the exact location for which the permit application is being made.
- 6) Fee of \$100.00. Fees are payable by cash, check or credit card. This fee is non-refundable. Make checks payable to the City of Cleveland. For email submissions, an Automatic Payment Authorization form must be completed and submitted **via secured fax** to (216) 420-7804 **prior** to the application being processed.

### **For Pre-Packaged Frozen Desserts Only**

**In addition to the above information, the following documentation must be submitted for vending pre-packaged frozen desserts:**

- 1) Completed Frozen Dessert Affidavit.
- 2) Copy of your State of Ohio BCI check results. Please note that BCI reports will be accepted where the BCI completion date is within one year of application submission.
- 3) Copy of your current Retail Food Establishment or Food Service Operation license from a State of Ohio licensing agency.



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Temporary Sidewalk Occupancy Permit Application

**(Outside Central Business District)**

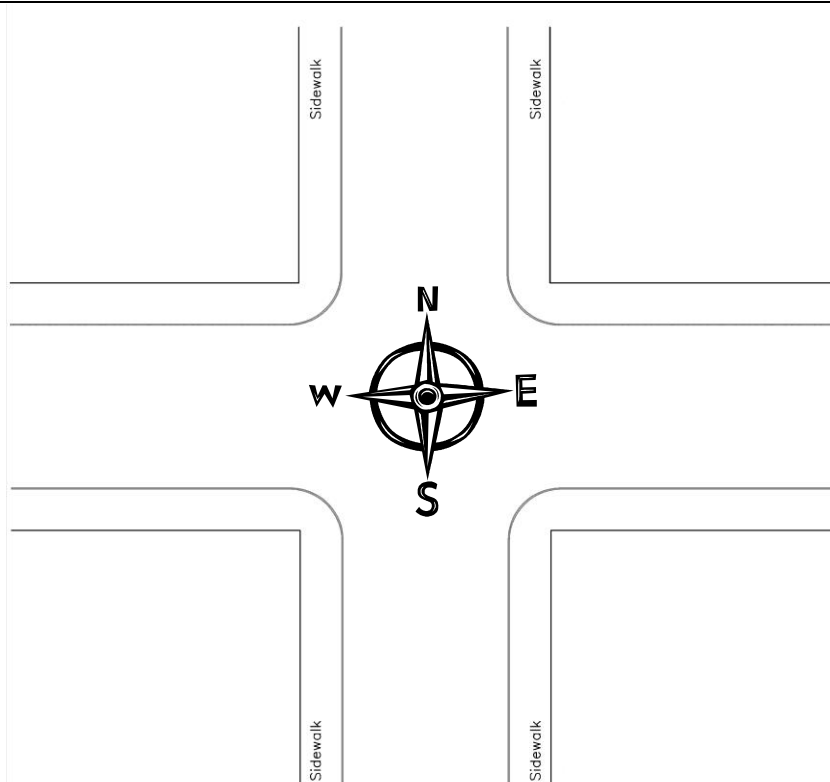
City of Cleveland  
Division of Assessments and Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:  
8:00 a.m. to 4:30 p.m. Weekdays

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

Date:		Fee: \$100.00 Per Location (Fee is Non-Refundable)	
<b>SECTION A - TYPE OF VENDOR</b>			
<input type="checkbox"/> MERCHANDISE OR PRE-PACKAGED FOODS & BEVERAGES	<input type="checkbox"/> SUBSCRIPTIONS OR SERVICES	<input type="checkbox"/> PRE-PACKAGED FROZEN DESSERTS <span style="color: red; font-size: small;">(AFFIDAVIT &amp; BCI MUST BE ATTACHED)</span>	
Name:		Current Permit # (if any):	
Address:			
City:		State:	Zip:
Telephone #:		Email:	
Date of Birth :		Social Security Number:	
Eye Color:		Hair Color:	
Weight:		Height:	
<b>SECTION B - CORPORATION / BUSINESS INFORMATION</b>			
Name:			
Address:			
City:		State:	Zip:
Telephone #:		Email:	
Federal ID Number:			
<b>SECTION C - VENDING LOCATION</b>			
<ul style="list-style-type: none"> <li>Properly label each cross street to indicate your intended vending location;</li> <li>Mark an "X" at the intended vending location; and</li> <li>Include easily identifiable points, so that the location can be identified without further explanation.</li> </ul>			





CITY OF CLEVELAND  
Mayor Justin M. Bibb

**Temporary Sidewalk Occupancy  
Permit Application**  
**(Outside Central Business District)**

**City of Cleveland**  
Division of Assessments and Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:  
8:00 a.m. to 4:30 p.m. Weekdays

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

**SECTION D - QUESTIONNAIRE**

Closest Address to Vending Location:	Ward of Vending Location:
Detailed description of vending device:	
Detailed description of products sold, offered or displayed:	

**SECTION E- DECLARATION**

**Applicant hereby acknowledges that he/she has read and understands Codified Ordinances §675.02 (Street Vendors License Required), §675.04 (Permits Required), §675.07 (Permit: Temporary Sidewalk Occupancy Outside the Central Business District), §675.09 (Regulations Governing Vendors), §675.10 (Revocation or Suspension of License or Permit; Appeals), and §675.99 (Penalty) and understands the obligations of a Street Vendor under this Chapter.**

**SIGNATURE OF APPLICANT**

--

**OFFICE USE ONLY**

		Signature	Date
<b>MOCAP</b>	Approved or Denied (circle one)		
If Denied, provide Reason(s):			
<b>DAL</b>	Ordinance #: (COPY MUST BE ATTACHED)	Date Passed:	Effective Date: