



City of Charleston Street Vending

City of Charleston

- Step 1. Obtain a City Business Registration Application.** Before operating as a Street Vendor in the City of Charleston you must register with the City Collector's Office. Select item #9, "Street/Itinerant Vendor" in Section II.

**Did you already register and obtain a license for the same type of business as that in which you wish to engage in as a Street Vendor? If yes, move on to Step 2 to obtain a Street Vending Permit. If no, please complete the Business Registration Application and follow the below steps.*

- **Fire Department:** As part of your business registration, you will need an inspection completed by the Charleston Fire Department. The Building Department can assist you in scheduling this inspection. Once code compliance is determined, inspectors will sign off on your Business Registration Application.
- Step 2. Obtain a Street Vending Permit.** For each vending unit, you must obtain a separate Permit issued by the Collector's Office.
- Step 3. Return completed Applications to the City Collector's Office.** Once processed, you'll be issued a Business License (if not already licensed), a Permit and an account number for annual B&O Tax and City Service Fee returns.

Questions?

Question: Where is the City Collector's Office located?

Answer: City Collector and the Building and Planning Departments are located in the City Service Center at 915 Quarrier Street. Visit us in person or online at: www.charlestonwv.gov.

Question: Am I required to annually register my business with the City?

Answer: Yes, as a Street Vendor, you must initially register your business with the City and renew the license each calendar year. You must also obtain a Permit for each calendar year.

Question: Is there an annual fee for registering my business?

Answer: Yes, as a Street Vendor, you must pay a \$20.00 annual license fee when you submit your Business Registration Application. Additionally, the required Street Vending Permit is an additional \$20.00 per calendar year.

Question: Are there any guidelines for street vending?

Answer: Yes, there are standards imposed by the City's Municipal Code which are located at www.charlestonwv.gov under Government, Collector's Office, "Street Vendor Rules."

Question: Do I have to pay the B&O Tax? How is the B&O Tax measured?

Answer: Yes, a Business and Occupation (B&O) Tax is imposed on all persons for the act of engaging in business activities within the City of Charleston. The B&O Tax is measured by the application of rates against values of products, gross proceeds of sales, or gross income of the business. However, as a Street Vendor, the first five thousand dollars (\$5,000.00) of gross income or gross proceeds in each calendar year derived from sales or services by a street vendor are exempt from the B&O Tax. You are still required to file a Business and Occupation tax return for such gross income or gross proceeds even though the revenue is exempt.

Question: When are B&O tax returns due?

Answer: As a Street Vendor, B&O Taxes must be reported annually by January 31st.

Question: What is the City Service Fee, and do I need to pay it?

Answer: The City of Charleston imposes a three dollar (\$3.00) per week City Service Fee (CSF) upon all full-time/part-time employees and self-employed individuals who regularly report to work at a physical location or work from home within the City of Charleston. Employers are required to withhold \$3.00 per week from their employees' paycheck. Self-employed individuals are required to remit the fee if they conduct business within the City over the course of four or more calendar weeks. A Street Vendor must submit all City Service Fees by January 31st of the succeeding calendar year.

Question: What if the event already has umbrella insurance? Do I still need my own?

Answer: The city works to verify insurance coverage for festivals and events. If you are part of an event offering umbrella insurance, please confirm this with the Collector's Office at the time of registration.

For more information please visit our website www.charlestonwv.gov or call 304-348-8024.

RTS ACCOUNT #: _____

B&O: Yes / No

CSF: Yes / No

BL: Yes / No

License Fees: _____

Penalty: _____

TOTAL PAID: _____

City Official Use Only

BUSINESS REGISTRATION

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



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(c)(3))

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 including whether or not the job functions generate revenue for the business: _____

RTS ACCOUNT # : _____

City Official Use Only

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 and indicate for each if the rental is for short term (less than 30 days) or long term.

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

RTS ACCOUNT # : _____

City Official Use Only

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 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, you **must** obtain a Vendor License and a separate Street Vending Permit.

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. If you are an Itinerant Vendor, a \$5,000 surety bond **must** be posted and you must enter into a Hold Harmless Agreement with the City.

3. Sign and date the application in Part C.

Part A:

General Business:

0. GENERAL BUSINESS (\$20.00)

Liquor - Must attach valid WV ABCC License

- 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 (375.00)

Beer - Must attach valid WV ABCC License

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

Street/Itinerant Vendor – (Per calendar year)

- 9. Street/Itinerant Vendor (\$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.

E. Does your business qualify as an itinerant vendor? Yes / No
If Yes, you Must enter a Hold Harmless Agreement and post a \$5,000 surety bond.

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.

 Signature of Business Owner or Authorized Agent

 Date

 Title

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: _____
Permit Fee: _____
Penalty: _____
TOTAL PAID: _____

CITY OFFICIAL USE ONLY

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



STREET VENDING PERMIT APPLICATION Calendar Year 2023

Section I. Permit Requirements:

- A. Proof of current Liability Insurance in the aggregate sum of **\$1,000,000.00** with the City of Charleston listed as an additional insured must be submitted with the application.
- B. You **must** enter into a Hold Harmless Agreement with the City.
- C. If your business intends to sell or serve prepared food, you **must** attach a copy of your current Kanawha County Health Permit.
- D. Street Vending Permit Fee –Mobilized Vending Vehicle/Non-Motorized Vending Unit- (\$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 current 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

Street Vending Permit Application Instructions:

1. You **must** provide Proof of Liability Insurance in the aggregate sum of \$1,000,000 with the City of Charleston listed as an additional insured. If you are operating in conjunction with an organized event, private or public, and said event provides umbrella insurance coverage sufficient to satisfy this requirement, then you are not required to maintain independent insurance to participate in the organized event.
2. You **must** enter into a Hold Harmless Agreement with the City.
3. Complete Section II in its entirety. If your business intends to sell or serve prepared food, you **must** attach a copy of your current Kanawha County Health Permit.
4. Sign and date the application in Section III.
5. Mail the completed application with your total payment to the address below. 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
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: _____
Christina Merbedone-Byrd
City Collector

Vendor

By: _____

Its _____

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

My commission expires: _____.

Notary Public