



**City of Philadelphia**  
**Department of Licenses and Inspections**

The application for a Special Vending District is required to be filled out by anyone interested in vending in the following areas:

- \*\* Center City District
- 52<sup>nd</sup> Street Business District
- Central Germantown Business District (Germantown & Cheltenham)
- Germantown Corridor Business District (York & Butler)
- University City District
- Temple University District

Most of the questions on the application are self-explanatory. The questions that need explanation are discussed below. The numbers match the numbered questions on the application.

**8. Philadelphia Business Income and Receipts Tax Number** - is a number assigned by the Philadelphia Revenue Department to identify tax accounts. One tax account number is used for all your City Licenses, if under the same Business entity name and tax account number. If you do not have a Business Income and Receipts Tax Account Number, you will need to go to [www.phila.gov/revenue](http://www.phila.gov/revenue) and fill out an application for a Philadelphia Business Income and Receipts Tax Number prior to vending.

**9. Commercial Activity License (3702)** - required for every person desiring to engage in business within the City of Philadelphia whether or not such person maintains a place of business in the City. License is to be used for all your business ventures if using the same entity name and tax account number. Fill in the license number if you already have one. If you do not already have this license, you can apply online at <https://secure.phila.gov/LI/Licenses/>.

**13. License Type:**

- Neighborhood Vending District (3288) - only need to be checked if you have a cart and / or table set up.
- Neighborhood Vending Truck parking (3289) - only to be checked if you have a Motor Vehicle Vendor and only for the University City Special Vending District.
- Center City Vending District (3287) - applications not accepted until lottery is announced.

**14. Owner, Corporation and Partnership** - Complete with the name, title and home address of the owner, principals, or partners. Corporate applicants must identify the president, secretary, and treasurer. If one individual serves as multiple or sole officer, this must be stated.

**The following is important information relating to the specific Special Vending District:**

**\*\*Center City** - this application is only to be completed once the Department of Licenses and Inspections has announced that a lottery will be held. It is at this time that we will also be requiring the application fee. This is the only Special Vending District that will require an application fee.

University City, Temple University, 52<sup>nd</sup> Street Business District, Central Germantown Business District and Germantown Corridor Business District - you can mail or fax this application to the address or number listed on the front of the application. Once we receive your application, you will be placed on the waiting list and contacted when a space becomes available.

**Please contact the Vending Unit at 215-656-2414 for the specific boundaries for each of these areas.**



**City of Philadelphia**  
Department of Licenses and Inspections

# LICENSES APPLICATION

## SPECIAL VENDING DISTRICT

Follow instructions listed on Instruction Sheet  
For further information call (215) 686-2414

**WHEN COMPLETED, MAIL TO:**  
L&I VENDING UNIT  
1401 JOHN F. KENNEDY BOULEVARD  
MUNICIPAL SERVICES BUILDING - 11TH FL  
PHILADELPHIA, PA 19102

**OR FAX TO: 215-686-2464**

### SPECIAL VENDING DISTRICT (Choose one)

- CENTRAL GMNTN (Germantown & Cheltenham)    
  UNIV. CITY    
  52<sup>ND</sup> STREET BUSINESS DIST.    
  CENTER CITY (\*\*see instructions)    
  GMNTN. CORR. (York & Butler)    
  TEMPLE UNIV.

1. NAME	LAST	FIRST	MIDDLE	2. DAYTIME PHONE NUMBER
---------	------	-------	--------	-------------------------

3. EVENING PHONE NUMBER	4. FAX NUMBER	5. CELL NUMBER	6. EMAIL ADDRESS
-------------------------	---------------	----------------	------------------

7. HOME ADDRESS	STREET	CITY	STATE	ZIP
-----------------	--------	------	-------	-----

8. BUSINESS INCOME AND RECEIPTS TAX NUMBER	9. COMMERCIAL ACTIVITY LICENSE NUMBER
--	---------------------------------------

10. CURRENT CENTER CITY SIDEWALK LOCATION	11. CURRENT SIDEWALK SALES NUMBER
---	-----------------------------------

12. CATEGORY OF GOODS

<input type="checkbox"/> <b>NON - FOOD</b> <input type="checkbox"/> FLOWERS <input type="checkbox"/> CLOTHING <input type="checkbox"/> CIGARETTES <input type="checkbox"/> COMBINATION	<input type="checkbox"/> <b>FOOD / PREPARATION</b> <input type="checkbox"/> HOT / COLD <input type="checkbox"/> FRUIT SALAD <input type="checkbox"/> HOT DOGS <input type="checkbox"/>	<input type="checkbox"/> <b>FOOD / NON - PREPARATION</b> <input type="checkbox"/> PRODUCE <input type="checkbox"/> PRETZELS <input type="checkbox"/> WATER ICE <input type="checkbox"/> ICE CREAM	<input type="checkbox"/> NUTS
--	--	---	-------------------------------

**12a. LIST OF ALL ITEMS TO BE SOLD (GERMANTOWN YORK - BUTLER ONLY)**


13. LICENSE TYPE	FEE	REVENUE CODE	EXPIRATION DATE	LICENSE NUMBER
<input type="checkbox"/> NEIGHBORHOOD VENDING DISTRICT	\$ 341.00	3288	ANNUAL	
<input type="checkbox"/> NEIGHBORHOOD VENDING TRUCK PARKING	\$ 3,105.00 / VEHICLE	3289	ANNUAL	
<input type="checkbox"/> CENTER CITY VENDING DISTRICT (\$50.00 APPL FEE: BY LOTTERY ONLY)	\$ 341.00	3287	ANNUAL	
<input type="checkbox"/> FOOD NON PERMANENT	\$ 165.00	3112	ANNUAL	
<input type="checkbox"/> COMMERCIAL ACTIVITY LICENSE		3702	NONE	

**PLEASE BE SURE TO READ THE OTHER SIDE OF THIS FORM AND COMPLETE WHERE NECESSARY**

**14. OWNER / PARTNERSHIP or CORPORATION (AT LEAST THREE PRINCIPALS REQUIRED IF CORPORATION)**

NAME (LAST, FIRST, MIDDLE)	TITLE	HOME ADDRESS (Include City, State & Zip code; <u>NO</u> P.O. Box)

**15. APPLICATION CERTIFICATION**

**PROPER IDENTIFICATION AND 2X2 COLOR PHOTO REQUIRED FOR SUBMISSION OF THIS APPLICATION.**

*I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief.*

*I understand that if I knowingly make any false statement herein I am subject to the possible revocation of any licenses issued as a result of my false application, and such other penalties as may be prescribed by law.*

Owner / Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**HEALTH APPROVAL**

YES    NO    N/A

**CART PHOTO**

YES    NO

**APPL. PHOTO**

YES    NO

REMARKS:

RECEIPT NUMBER		LICENSE / ID NUMBER	
REVIEWED BY			NUMBER
DATE	AUDIT		

APPROVED

REFUSED