

ADMINISTRATIVE USE ONLY

Received: _____ Time: _____ App'd. _____ Date: _____
Tax I.D. # _____ INS _____ FSMOL _____ HCOL _____
501(c)3 _____ HHA _____ SFCHA _____ STATE H.D. _____
Notes/Restrictions: _____

APPLICATION FOR STREET VENDORS

Organization/Company: _____

Name: _____

Street Address/Street & Apt. No.: _____

City/State/Zip: _____ Phone: () _____

Mailing Address: _____
(If different from above.)

1) Location Requested: (PLEASE CHECK ONLY ONE) _____ FSM _____ NB _____ HMP _____ *OTHER

* If Other, please specify exact location: _____

2) Please delineate the exact area and amount of space you plan to occupy: _____

2) Planned Display Day(s): _____

3) Planned Display Hours: _____

4) Street Vendor Category: (PLEASE CHECK ONLY ONE)

- | | | |
|---------------------------------|------------------------|------------------------|
| _____ Artist/Craftsperson | _____ Street Performer | _____ Special Event |
| _____ Flowers | _____ Advertising | _____ Miscellaneous |
| _____ Commercial Exhibition | _____ Advocacy | _____ Holiday/Seasonal |
| _____ Public Service Exhibition | _____ Surveys | _____ Food |
- _____ Name of Charity Supported

5) Complete Description of Product/Service to be sold/displayed:

6) Cost Range of Items to be sold/displayed:

7) Description of Display Equipment to be Used:

(Be sure to attach photo or artist rendering, showing dimensions, colors, and materials of the cart or stand to be used – limited to 10’l x 6’w x 8’h; must have information attached to application for review. Performers, please attach photo demonstrating mode of attire and cassette tape for review by office personnel.)

Person in charge of Display-Booth (if different from above)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I have read and understood the Guidelines for Street Vendors, which I will agree to abide by as a Street Vendor within the Mall District.

Applicant's Signature

Date: _____

PLEASE RETURN THE COMPLETED APPLICATION (INCLUDING ALL DRAWINGS, PHOTOS, TAPES, ETC. REQUIRED BY THE GUIDELINES), ALONG WITH A \$15.00 CHECK, MONEY ORDER, OR CASHIER'S CHECK MADE PAYABLE TO THE CITY OF TAMPA, TO: THE FRANKLIN STREET MALL OFFICE, 1420 N. TAMPA ST., TAMPA, FL 33602. PHONE (813) 274-8518. FAX (813) 274 7744.