CITY OF PHILADELPHIA • **DEPARTMENT OF LICENSES AND INSPECTIONS**

LICENSE APPLICATION

CURB MARKET

Follow instructions listed on the Instruction Sheet.
For further information call (215) 686-2491.

WHEN COMPLETED MAIL TO: **DEPARTMENT OF LICENSES AND INSPECTIONS**
LICENSE ISSUANCE UNIT • PUBLIC SERVICE CONCOURSE
MSB, 1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102-1687

USE A SINGLE CHECK, OR MONEY ORDER FOR ALL FEES PAYABLE TO "CITY OF PHILADELPHIA". DO NOT SEND PAYMENT AT THIS TIME FOR LICENSES THAT REQUIRE INSPECTION. PAYMENT SHOULD BE FORWARDED AFTER NOTICE OF APPROVAL IS RECEIVED.

1. NAME OF OWNER

2. BUSINESS TELEPHONE NUMBER

3. LOCATION OF LICENSED ACTIVITY *(INCLUDE ZIP CODE)*

ZIP CODE

4. PHILADELPHIA BUSINESS TAX NUMBER

5. PHILADELPHIA BUSINESS PRIVILEGE NUMBER

6. LICENSEE FEDERAL EIN OR SOCIAL SECURITY NUMBER

7. DATE ACTIVITY STARTED
MONTH / DAY / YEAR

8. DESCRIPTION OF CART/STAND

MUST BE A RESIDENT OF PHILADELPHIA

9. LICENSE TYPE	APP. FEE	APP. CODE	LIC. FEE	LIC. CODE	EXPIRATION DATE	LICENSE NUMBER
☐ CURB MARKET	$25.00	7373	$125.00	3271	8/31/	
☐ FOOD ESTAB. (RETAIL, NON PERM)			$110.00	3112	4/30/	
☐ BUSINESS PRIVILEGE			$200.00	3702	NONE	
☐ SCALES* (_____ SCALES @ $25.00 EACH)			*	3822	9/30/	
☐						
☐						

TOTAL FEES . . . . . $_____ SPACE NUMBER _____

☐ HEALTH APPROVAL ATTACHED

10. OWNER INFORMATION *(PRINCIPALS OR PARTNERS, PRESIDENT, SECRETARY, & TREASURER)*

NAME	TITLE	HOME ADDRESS *(INCLUDE ZIP CODE) (P.O. BOX NOT ACCEPTABLE)*

11. APPLICATION CERTIFICATION

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.

Applicant Signature _____ *Date* _____

OFFICE USE ONLY

PREREQUISITES *(LIST THOSE CHECKED DURING PROCESSING)*

STREET CODE _____

REMARKS:

☐ **APPROVED**
☐ **REFUSED**

HEALTH _____

REVIEWED BY	NUMBER	DATE	AUDIT
COMMENTS			

CURB MARKET INSTRUCTIONS

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

1 NAME OF OWNER–Fill in the name of the person, corporation or partnership to whom the license should be issued. Full names must be used. Initials and a last name cannot be accepted.

2 TELEPHONE NUMBER–Fill in the telephone number, (9 am to 5 pm), of the person responsible for activity. **TELEPHONE NUMBER MUST BE FILLED IN OR THE APPLICATION CANNOT BE PROCESSED.**

3 LOCATION OF LICENSED ACTIVITY–Give street name and space number.

4 PHILADELPHIA BUSINESS TAX NUMBER–This is a number assigned by the Philadelphia Revenue Department to identify tax accounts. If you have other licenses from the City the one tax number serves for all. If you have never had a number assigned, please fill out the enclosed Revenue Dept. **Application for Philadelphia Business Tax Account Number (**83–T–5). Any tax account previously opened for you which is unsettled or delinquent, will cause delay and may preclude the issuance of new licenses.

5 PHILADELPHIA BUSINESS PRIVILEGE LICENSE NUMBER–Fill in the license number if you already have one. Leave blank, if you are applying for one as part of this application.

6 LICENSEE FEDERAL TAX IDENTIFICATION NUMBER–Fill in your federal tax number. For individuals it is the same as your Social Security Number. For other taxable or tax exempt entities, it is a number assigned by the IRS for reporting purposes. If the business does not have one yet, fill in the social security number of the owner, president or chief partner. You can supply the business's federal tax number when it is assigned. **This must be filled in. License applications cannot be processed if this is left blank.**

8 DESCRIPTION OF CART–Give dimensions of cart. (Required to be a wheeled pushcart, measuring not more than 10 feet in length, 36 inches in width and 42 inches in height.)

9 LICENSE TYPE–Place an "X" in the box in front of the name of each license applied for.

A). Curb Market–(3271)

A license is required of anyone occupying or selling in any space in a curb market area. An application fee of $25.00 is required for each space. After the application is reviewed and approved, you will be notified to pay the license fee of $125.00. The license year is September 1 through August 31.

Requirements:

1) Owner must be a resident of the City of Philadelphia.
2) Application form cannot be processed without the home address of the applicant and a description of the cart from which he will vend.
3) Where the sale of food is permitted, Health approval is required.
4) A site inspection will be scheduled for all new licenses.
5) If you have purchased a space from another, please present a **"notarized bill of sale"**.
6) No person shall be issued licenses for more than two spaces.
7) Space Requirement:
   a. No vendor shall occupy any space other than that assigned to him.
   b. The spaces shall be arranged so that between every three spaces there is an opening or passageway at least two feet wide.
   c. Vending in front of a church or school building is prohibited.

B) Food Establishment Retail Non-Permanent Location (NPL)–(3112)

Required of any person operating a retail NPL food establishment.

1) Contact one of the Health Districts listed below for further information and instruction regarding Health approval requirement prior to submitting application.

APPLICATION WHICH INCLUDES FOOD HANDLING WILL NOT BE PROCESSED WITHOUT HEALTH DISTRICT APPROVAL FROM ONE OF THE PHILADELPHIA DISTRICT OFFICES LISTED BELOW. Contact a District Office for instruction related to the license you required. **Approval from any other source is not acceptable for food licenses.**

PHILADELPHIA DISTRICT HEALTH CENTERS

AREA	DISTRICT OFFICE	TELEPHONE NO.
Center City & South Philadelphia	500 S. Broad St., 19146–#1, 2, & 6	875–6572
West & Southwest Philadelphia	555 S. 43rd st., 19104–#3 & 4	823–7569
		7570

North Philadelphia	1900 N. 20th St., 19121 - #5, 8, & 9	685-2285
Northeast Philadelphia	2230 Scotsman Ave., 19149 – #10 & 7	685-0620, 0621, 0622

C) PHILADELPHIA BUSINESS PRIVILEGE LICENSE NUMBER–Required for every person desiring to engage in any business within the City of Philadelphia, whether or not such person maintains a place of business in the City. This is a one-time license and can be sued for all businesses operated within the City. Fill in the license number if you already have one.

1) Philadelphia Business Tax Number required. If you have never had a number assigned, fill out the enclosed Revenue Department application requesting a number.

D) Weighing & Measuring Device (Scale) License–(3822)

Required for all persons engaged in the business of operating or maintaining a weighing device for commercial purposes.

1) State number of devices to be used.
2) To get the fee for scales license, multiply number of devices by $25.00 (for scale 0-50 lbs.) indicate in section 11, the amount due.

Remarks:

EXPIRATION DATE & LICENSE NUMBER . . . Will be filled in by the Department.
TOTAL FEES . . . Add up the fees for all of the licenses being applied for today.
SPACE NO. . . . Will be filled in by Department. **Please do not mail. Cash cannot be accepted.**

10). OWNER INFORMATION–Owner must be a Philadelphia resident. Home address cannot be a P.O. Box. Complete with he name, title, and **HOME ADDRESS** of owner, principals or partners. Corporate applicants must identify the president, secretary and treasurer. If one individual serves as multiple or sole officer, so state.