



SPECIALIZED PERMIT APPLICATION

TYPE OF PERMIT REQUESTED:

Office of Business
Inclusion and Advancement

City of Winston-Salem
P.O. Box 2511
Winston-Salem, NC 27102
CityLink 311 (336.727.8000)
www.cityofws.org

Special Event **Complete Form A**

(Race, Run, Parade, Festival, Block Party, Filming)

The Preliminary Application should be submitted not less than 60 days prior to event date. As per City Code Sec 74, 284(B) a completed application which includes an executed Notification Affidavit must be received by Office of Business Inclusion & Advancement not less than 30 days prior to the event date. Submission of a permit application in no way constitutes permit approval. _____ Initial

Pushcart/Mobile Food Unit **Complete Form B**

Foot Peddler **Complete Form C**

Sidewalk Café/Dining **Complete Form D**

Applicant Information

Applicant's Name: _____

(Applicant's Name must be same as Insured's Name shown on Certificate of Liability Insurance)

Applicant's Address: _____

Applicant's Contact Phone # _____ Email Address _____

Agreement

I have read and understand this application and the requirements placed upon this applicant and organization. I agree to abide by the City of Winston-Salem's rules, regulations and ordinances should my permit application be approved. I will fulfill the requirements placed upon this permit application. _____ Initial

NOTE:

- Special Event – Complete Permit Application (Pages 1 - 2) and **Form A (3 pages)**
- Pushcart/Mobile Food Unit –Permit Application (Pages 1 - 2) and **Form B (1 page)**
- Foot Peddler – Complete Application (Pages 1 - 2) and **Form C (1 page)**
- Sidewalk Café/Dining – Application (Pages 1 - 2) and **Form D (2 pages)**

Permits may be submitted via:

Email: hannahh@cityofws.org

Mail or In Person: Office of Business Inclusion & Advancement
City Hall, Suite 232
101 N. Main Street
Winston-Salem, NC 27101





**Office of Business Inclusion & Advancement
Specialized Permit Payment Form**

Permit application will not be processed until receipt of payment is received. Permit processing fee is non-refundable/transferrable.

DATE: _____

NAME OF APPLICANT: _____

<u>TYPE OF PERMIT</u>	<u>FEE</u>	<u>ACCOUNT NUMBER</u>
<input checked="" type="checkbox"/> Foot Peddler Permit	\$ 25.00	0172-42402
<input type="checkbox"/> Push Cart/ Mobile Food Unit	\$ 75.00	0172-42403
<input type="checkbox"/> Sidewalk Dining Permit	\$100.00	0172-42404
<input type="checkbox"/> Special Events Permit 1 to 2 Events	\$ 50.00	0172-42401
<input type="checkbox"/> Special Events Permit Series – 3 to 5 Events	\$100.00	0172-42401
<input type="checkbox"/> Special Events Permit Series – 6 or more Events	\$200.00	0172-42401
<input type="checkbox"/> Street Performer/Busking Permit	\$ 10.00	0172-42405

Mailing Address

Office of Business Inclusion & Advancement
City Hall, Suite 232
101 N. Main Street
Winston-Salem, NC 27101

Applicable Code Ordinances can be obtained at the City of Winston-Salem's Website or by contacting Office of Business Inclusion & Advancement. Form A Codes listed in Appendix A- pages 1 - 3, Form B and C Codes listed in Appendix B – pages 5 - 9, and Form D Codes listed in Appendix D – pages 10 - 13.

PUSHCART/MOBILE FOOD UNIT PERMIT APPLICATION

*This permit shall be available for inspection at all times that the pushcart or mobile food unit is in operation.
This permit shall not be applicable during any "Special Event"*

Application must be returned to Office of Business Inclusion & Advancement and shall be accompanied by a receipt from the City Revenue Office showing payment of seventy-five dollar (\$75.00) permit fee for each pushcart or mobile food unit.

Business Name: _____

Business Address: _____

Business Phone: _____ Cellular Phone: _____

This application is for: Pushcart Mobile Food Unit

1. Describe the type of food, beverage, or merchandise to be sold: _____

If this application is for a pushcart permit, list below the desired location. (Be as specific as possible)

2. Describe the pushcart (including dimensions) or mobile food unit. _____

If a motor vehicle:

Tag Number: _____ Vehicle Identification Number (VIN) _____

3. List any/all employees: _____

4. Attach the following:

- a. Two recent prints of a passport type photo of permit holder and/or its employee(s) associated with this permit or be available for staff to take a photo in the office
- b. Approval(s) required by Forsyth County Health Department pursuant to **10 N.C.A.C. Ch. 10, Subch. 10A.**
- c. Certificate of insurance meeting requirements contained in **Section 74-292** of the Winston-Salem City Code
- d. Photograph of pushcart or mobile food unit

I certify that the above information submitted is true and accurate.

Signature

Print Name

Date