



CITY OF CLEVELAND  
Mayor Justin M. Bibb

**Instructions  
for  
Street Vendor Location Permit  
(Zones within the Central Business District)**

**City of Cleveland**  
Division of Assessments and Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:  
8:00 a.m. to 4:30 p.m. Weekdays

[DALLlicenses@clevelandohio.gov](mailto:DALLlicenses@clevelandohio.gov)

**When do you need this Permit?**

This permit is required to sell, offer or display for sale, or solicit another to purchase, for present or future delivery, any goods, wares, merchandise, subscriptions, services, pre-packaged frozen desserts, commercially pre-packaged foods and beverages, or any combination thereof while moving continuously from place to place in Zones 1, 3 and 4 of the Central Business District.

**Zone 3 Specific Information:**

- Only fifty (50) permits are available for the licensing year;
- Permits are issued on a first come-first-served basis by use of a random selection system; and
- Each vendor is limited to one (1) location within the Zone.

All applications must be approved by the Mayor's Office of Capital Projects prior to a permit being issued. For more information regarding this process, please contact (216) 664-2232.

The Street Vendor's License (ID badge) application must be submitted simultaneously with this application. The fee for this license is \$60.00.

This is an annual permit that expires on July 31<sup>st</sup> of every year.

**All Street Vendors must comply with City of Cleveland Codified Ordinance §675, Street Vendors and the City of Cleveland Vendor Rules and Regulations.**

**City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.**

**How to obtain and/or submit Mobile Food Shop Location Permit Applications:**

In Person/Mail: Cleveland City Hall  
Division of Assessments and Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, OH 44114

Email: Complete, scan and email the application and required secondary documentation to [DALLlicenses@clevelandohio.gov](mailto:DALLlicenses@clevelandohio.gov). For email submissions, an Automatic Payment Authorization form must be completed and submitted via secured fax to (216) 420-7804 prior to the application being processed.

**What to bring or submit to the Division of Assessments and Licenses:**

1. Completed and signed application.
2. Two (2) color photos of the mobile vending device.
3. Copy of a current and valid government issued identification.
4. Daily Permit Fee of **\$30.00** per zone **or** Annual Permit Fee of **\$125.00** per zone. Fees are payable by cash, check or credit card. This fee is non-refundable. Make checks payable to the City of Cleveland.



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**Application  
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Date:		<b>Fees: Daily - \$30.00 per zone   Annual - \$125.00 per zone (All fees are Non-refundable)</b>					
Zone #	Location	Select all desired Zones		Daily	or	Annual	
1	First Energy Stadium	<input type="checkbox"/>	<input type="checkbox"/>	\$30 x <input type="text"/> (# of days) =	\$125		
				<b>Permit # :</b>			
3	Progressive Field	<input type="checkbox"/>	<input type="checkbox"/>	\$30 x <input type="text"/> (# of days) =	\$125		
				<b>Permit # :</b>			
4	Playhouse Square	<input type="checkbox"/>	<input type="checkbox"/>	\$30 x <input type="text"/> (# of days) =	\$125		
				<b>Permit # :</b>			
				Daily Subtotal	\$	Annual Subtotal	\$
						<b>Total Amount Due</b> <input type="text"/> \$	

#### SECTION A - APPLICANT INFORMATION

Name:			
Address:			
City:		State:	Zip:
Telephone #:	Email:		
Date of Birth:	Social Security Number:		
Eye Color:	Hair Color:		
Weight:	Height:		

#### SECTION B - BUSINESS / CORPORATION INFORMATION

Name:			
Address:			
City:		State:	Zip:
Telephone #:	Email:		
Federal ID Number:			

#### SECTION C - QUESTIONNAIRE

Detailed description of vending device:
Detailed description of products sold, offered or displayed:

#### SECTION D - DECLARATION

Applicant hereby acknowledges that he/she has read and understands Codified Ordinances §675.04 (Permits Required), §675.06 (Permit: Zones Within the Central Business District), §675.09 (Regulations Governing Vendors), §675.10 (Revocation or Suspension of License or Permit; Appeals) and §675.99 (Penalty). Applicant also acknowledges that he/she has read and understands the City of Cleveland Vendor Rules and Regulations. Applicant understands the obligations of operating as a Street Vendor within the Central Business District.
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#### APPLICANT SIGNATURE

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#### OFFICE USE ONLY

Signature	Date	Approved	
Director of Capital Projects		<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zone 3: Spot #			