

August 2010

Guidelines:

- Must complete the Gallery Hop Application attached and have it returned by September 1st – First 5 to respond will be chosen
- Must attach a picture of your cart & proof of your Green Health Inspection Sticker
- Must be a unique, out-of-the-ordinary, culinary inventiveness, artisan, cultural foods that best compliment the neighborhood
- Must have a Mobile Food Vendors License
- Must have Green Health Inspection Sticker
- Must be respectful of neighborhood and business community
 - Green/Recyclable to-go materials - paper/plastic/aluminum
 - Cannot take parking meters
- Must Clean the designated area
 - Cannot leave grease spots
 - Cannot use storm-water drains for dumping anything especially their grease.
 - Food carts need to supply sufficient waste receptacles. Food carts need to dispose of their trash at their own expense, not use SID bins placed on the sidewalks.
- 6 Month Commitment
 - September 4th, October 2nd, November 6th, December 4th, January 1st, February 5th
 - Fee of \$50 will be due the 15th of month prior
 - The feedback process will be critical for the 1st 6 months, and vendors must share their nightly gross sales date with the SNBA for any adjustments necessary after the 6 mo. trial period

*** I have read the Short North Gallery Hop Food Vendor Guidelines and agree to comply.**

Signature:

Date:

Vendor Fee = \$50/mo due on the 15th of the month prior
Number of Months= Six consecutive months from September 2010 – February 2011

Company/Organization/Individual Name:

Primary Contact Phone #:

Address:

City _____ State _____ ZIP _____

Cell Phone:

Email:

Federal Identification # (if applicable):

Ohio Mobile Food Vendor's License #:

Describe set - up in detail **8' x 3' space** (exact # of people, equipment, everything that will be on the sidewalk, description of food, etc.):

Special Needs or Requests:

Payment can be made by check or credit card. Make check payable to SNBA.

Circle One: MasterCard, VISA, or American Express

Card # _____

Expiration Date _____ Security Code _____

Name as it appears on card:

Billing Address

City _____ State _____ ZIP _____

Signature

Send Permit Application and Payment to SNBA Mail:

1126 1/2 A North High Street • Columbus, Ohio 43201

Email: info@shortnorth.org -or- Fax: 614.299.9520