

# FESTIVAL FOOD VENDOR LICENSE APPLICATION

**Name & Date of Festival:** \_\_\_\_\_

Correct spelling of business name \_\_\_\_\_

Correct spelling of owner's name \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address of your business \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email \_\_\_\_\_

Federal id number **OR** social security number \_\_\_\_\_

Please list the food items you will be selling \_\_\_\_\_

**Business License fee**

The fee for a business license is \$7.00 for the first event of the year. *This is a onetime only license, good for this event only.* If you participate in a second event during the year, the business license fee will be \$7.00 at that time. If you participate in a third event during the year, the fee will be \$18.00 at that time. *If you are a nonprofit organization, please provide a copy of your 501(c) 3.*

**Payment of Business License Fee**

The City of Seneca accepts cash, check, and money order, VISA, MasterCard or Discover. If you would like to fax or e-mail this application back to me, I can accept payment with VISA, MasterCard or Discover via phone.

**Liability Insurance Coverage:**

Please provide proof of Liability Insurance Coverage which should cover food poisoning. The City of Seneca will need to be listed as additional insured. The deadline for receipt of insurance coverage is **seven (7) days** before the event. **Please see next page for additional information required.**

**Hospitality Tax:**

All food vendors will be responsible for collecting and reporting to the City of Seneca the 2% Hospitality Tax. Hospitality Tax due by the 20th of the following month. Ex: July 4th event, HAT Tax due by August 20<sup>th</sup>.

**City Hall contact information:**

Mailing Address: City of Seneca, Attn: Finance Office, P O Box 4773, Seneca, SC 29679  
 Phone: 864-885-2700 Fax: 864-885-2701 E-Mail: [abeatty@seneca.sc.us](mailto:abeatty@seneca.sc.us)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only:** NAICS: 722330 RATE: 8 RATE

Business License ID#	Payment Amount	Type of Payment:	Receipt#	Date Paid
	<b>\$7.00</b>	Cash CK# CC MO		

## **FESTIVAL FOOD VENDOR Liability Insurance Information**

The City of Seneca requires the following information on a Certificate of Liability Insurance Form:

- LIABILITY INSURANCE in the amount of \$250,000 per occurrence and \$1,000,000 maximum is provided.
- Copy of policy, certificate of insurance, or other proof of coverage attached with the CITY OF SENECA listed as co-insured/certificate holder.
- COI must have a signature of the Authorized Representative of Insurance Company.
- Coverage From and To Dates must cover the date of the event.
- Detailed description of the event with date, time and event location (ex: Norton-Thompson Park, Gignilliat Field)

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