



VILLAGE OF SPRINGVILLE



5 WEST MAIN STREET, PO BOX 17
SPRINGVILLE, NY 14141
716-592-4936

Transient Merchant License Application

Purpose

The purpose of the Village of Springville Transient Merchants License Application is to facilitate the successful operation and safety of Transient Merchants in the Village. The Application covers a variety of topics some portions of this application may not apply to your Sale.

Definition

TRANSIENT RETAIL BUSINESS - A retail and/or wholesale business conducted for a period of 30 consecutive days or less in a structure, tent, truck, van, trailer, parking lot, vacant parcel of land, public right-of-way, or any other place, except for real property owned by the person who owns and/or operates the retail and/or wholesale business and approved by the Planning Board for the Village of Springville for use in a manner consistent with the retail and/or wholesale business. The type of merchandise being sold is irrelevant to the classification.

Criteria

1. Use of Property Accessible to the Public. Parks, Streets, Sidewalks, Parking Lots, etc.
2. Special indoor or outdoor set-ups. Using property or buildings in a way that is not its normal or approved use.
3. Uses that would require NYS Building and Fire Safety Code Inspections.
4. Retail for a period of 30 consecutive days or less.

Directions

Please submit a completed application with all supporting documents 60 days before the Sale. Fill in applicable items on page 3 through 7 before the Sale. Within 30 days after the Sale mail in page 8.

The Sponsor of a Transient Merchant is responsible for Sale security, and for the collection and disposal of garbage generated at the Sale.

All applications will be considered with the best interests of the Village as well as the sponsor.

Sponsors are responsible for obtaining, completing, and submitting all required permit applications and/or licenses for the Sale and supplying a copy with this application. Including, but not inclusive to or applicable from:

- Erie County Health Department 961-6805
- Erie County DOT
- New York State Liquor Authority 847-3001
- NYS Department of Health 847-4391 (attendance over 5000)
- NYS Department of Transportation 847 3238
- NYS Sales Tax
- NYS Department of Motor Vehicles

Any questions regarding your Transient Merchant Sale call 592-4936 and should be directed to the Village Administrator Tim Horner X1467, or Code Enforcement Officer Mike Kaleta X1525.

Marketing Strategy

Please provide information for:

- Ad placements.**
- Mailings.**
- Signage.**
- Other means of attracting attention** (*balloons, banners, loud speaker, etc.*)
- Any special give-away, Prizes, Promotions, etc.**

Attach a sample of all of the above information to be used.

Use of a Third Party Sales Organization

Please provide all contact information and agreements with the Third Party Sales Organization.


VILLAGE OF SPRINGVILLE

Transient Merchants License Application & Agreement

Village Receipt Stamp: _____

Name of Sale _____

Description of Sale: _____

Has this Sale been previously done in the past? _____

Sale Sponsor Information

Transient Merchant _____

Responsible Person _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____ Fax _____

Email _____ Website _____

On Site Contact _____ Phone# _____

Financial Contact _____ Phone# _____

Location of Sale: Please attach a copy of lease agreement, map showing property, facility, streets, and areas that are part of the Sale venue.

Address of Sale: _____

Property Owner: _____

Contact Information: _____

Dates/Times of Sale

Set Up Date _____ From _____ To _____ Day of Week _____

Sale Opens Date _____ From _____ To _____ Day of Week _____

Sale Closes Date _____ From _____ To _____ Day of Week _____

Breakdown Date _____ From _____ To _____ Day of Week _____

Last Year's Sale (If applicable)

Actual Attendance _____ Average Daily Attendance _____
Approx Peak Attendance at any one time _____
Budget: Total Expenses _____ Total Revenues _____

This Year's Sale:

Approx Attendance Expected _____ Average Daily Attendance Expected _____
Anticipated Peak Attendance at any one time: _____
Estimated Budget _____ Estimated Revenues _____
Admission Fee _____
Number of Volunteers _____
Number of Paid Workers _____

Insurance – Required for any use of Public Property.

All Sales must obtain, at a minimum, liability insurance coverage in the amount of one million dollars (\$1,000,000.00) and name as additional insured, on a primary and noncontributory basis, the Village of Springville, its employees, interim administrators, elected and appointed officials, and its authorized volunteers and committee members.

Additional insurance coverage may be required at the discretion of the Village of Springville depending on the type of Sale to be held.

The Village of Springville requires proof of compliance with the insurance procurement requirement through a certificate of insurance, a copy of the declarations page of the policy, and a copy of the additional insured endorsement to the policy which affords additional insured status.

Insurance Provider of Insured _____
Insurance Agency _____ Phone _____
Amount of Insurance Coverage _____ Alcohol Insurance Coverage _____

Hold Harmless Agreement

_____, the Sponsor, shall defend, indemnify and save harmless the Village of Springville, its officers and employees, from and against any and all liability, damages, expenses, causes of action, suits, claims, penalties or judgments arising from injury to persons or property, including death, sustained by any person or persons, arising directly or indirectly out of activities carried out during the Transient Merchant described in this application.

The Sponsor shall, at its own expense, defend and indemnify the Village of Springville from any and all suits, actions or claims, which may be brought against the Village of Springville and, in the Sale of the failure of Sponsor to do so, the Village of Springville may at the cost and expense of the Sponsor defend against such suits, actions or claims and the Sponsor shall be legally responsible and pay for any judgment or settlement in the litigation.

Date _____ Name of Sponsor _____
Authorized Signature/Title _____
Name Printed _____

NYSDOT Highways _____

10. **Parking Provisions*** yes ___ no ___ _____

Attach map

No Standing Signs _____

Parking Enforcement (towing) _____

11. **Traffic Control*** yes ___ no ___ _____

Attach map

12. **Village Furnished Utilities*** yes ___ no ___ _____

Electric _____

Water _____

Lighting in Parks, Muni Lot _____

Other _____

A charge of \$50 per day for electric and water use where it is available.

13. **Signage/Banners on Streets*** yes ___ no ___ _____

Attach Map

Signage not permitted in Village Parks. All signage is subject to Village approval of copy and aesthetics. No over the street banners allowed. All signage considered temporary subject to Village code restrictions.

14. **Portable Lavatories*** yes ___ no ___ _____

Attach map of locations

Number Provide _____ Number handicapped accessible _____

Name of Provider _____

On Site Sales People

Please provide name, address, phone number, email and attach a copy of driver license for all people conducting sales. If children are involved please list their name and state "Child". Attach additional sheets if needed.

<u>Name</u>	<u>Address</u>	<u>Phone#</u>	<u>Email</u>

Village of Springville NY
Transient Merchants
Application for Temporary Street Closing
Applicant must complete Transient Merchant Application

Location _____

Closing Date _____ Time _____
 Expiration Date _____ Time _____

Transient Merchant Sponsor Name

Chairperson _____
 Address _____

Springville DPW Approval (date and conditions)

Springville Police Approval (date and conditions)

SVFD Approval (date and conditions)

Springville Board of Trustee Approval (date and conditions)

Other Approvals (NYSDOT, Erie County)

Village Fee: _____

Village of Springville NY
Transient Merchants
Sponsor Post Sale Accounting

Please return this form within 30 days of your Sale to the Springville Village Office,
Attention: Tim Horner, Village Administrator.

Name of Transient Merchant _____

Dates of Sale _____

Number of persons in attendance _____

Gross Sales received from Sale \$_____

Please list any problems encountered with Village services while hosting this Sale.

Please list any other problems encountered while hosting this Sale.

Ideas/Suggestions
