THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Community Market Information Sheet

Phone: 614-645-8366
Email: license_section@columbus.gov

Requirements:

- Community Market Application
- Proof of Identity (e.g. State-issued driver license/ID card, Military ID, Passport)
- Certificate of Insurance for Commercial General Liability policy
    - Minimum of $1,000,000 coverage
- Proof of Registration with the State of Ohio, Secretary of State's Office
  *Only required if organization is located in Ohio
- Copy of IRS 501(C) Determination
  *Only required for new applicants
- Articles of Incorporation
  *Only required for new applicants

Fees:

Application	$20.00	|	Community Market license	$40.00

Note: Other fees may apply if additional permits are deemed necessary

*Please make checks payable to "City Treasurer – License Section"

Office Location and Hours:

4252 Groves Rd
Columbus, OH 43232

Monday – Friday
8:00 AM – 3:30 PM

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Office Use Only

License #: _____

Issue Date: _____

Exp Date: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Community Market Application

Address: 4252 Groves Road, Columbus, Ohio 43232
Phone: 614-645-8366
Email: license_section@columbus.gov

□ New □ Renewal

Event Information:

Name of Community Market: _____

Location of Community Market: _____

Months of Operation: _____ Days of Operation: _____ Hours of Operation: _____

Phone #: _____ Email: _____

Website/URL: _____

Describe the purpose of the Community Market: _____

_____

_____

Organization Information:

Name of Sponsoring Organization: _____ Federal ID #: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone #: _____ Email: _____

Name of On-Site Coordinator: _____ Title: _____

Home Address: _____ City: _____ State: ___ Zip Code: _____

Phone #: _____ Email: _____

Required Questions:

Will food be sold at the event? □ Yes* □ No

***If yes, please complete the attached Food Vendor Information form.**

Will food be cooked or prepared on-site? □ Yes* □ No

***If yes, Sponsoring Organization is responsible for ensuring all vendors have the proper licenses to operate.**

Will merchandise be sold at the event? □ Yes* □ No

***If yes, please complete the attached Merchandise Vendor Information form.**

Are street closures required for the event? □ Yes* □ No

***If yes, please contact the Department of Recreation and Parks at communityevents@columbus.gov for a Street Closure permit form.**

Are street closures on a Central Ohio Transportation Authority (COTA) bus route? □ Yes* □ No □ N/A

***If yes, please contact COTA at (614) 275-5800 for approval and attach a map/plan for the routing of buses.**

Will event require the temporary removal of parking meters? □ Yes* □ No

***If yes, please contact the Department of Public Service at (614) 645-7497 for Occupancy Permit CC903.**

Will a tent larger than 200 sq ft be erected? □ Yes* □ No

***If yes, please contact the Department of Building and Zoning Services at (614) 645-6090 for a Temporary Structure Permit.**

Safety Plan:

Please describe a safety plan that addresses emergencies specific to the market. Make certain to include the following: evacuation plans; weather radar monitoring; communication with staff, vendors and spectators; and steps for securing tents and other potentially dangerous items. Please attach any additional pages if necessary.

Site Plan:

Use the space below to illustrate the layout of the market. Make sure that all streets and alleys are included. Your map scale should not exceed 1” equaling 50’. Please make sure the illustration is legible.

For all applicable items being illustrated, please use the legend below:

□ Clearly mark all streets and alleys	□ Location of Fire Lane (FL)	□ Location of Bus Stops (BS)
□ Location of Vendors (V)	□ Location of Fire Hydrants (FH)	□ Location of Parking Meters (PM)
□ Location of Tents (T)	□ Location of Garbage Receptacles (G)	□ Location of Building Exits (BX)
□ Location of Barricades (Bar)	□ Location of Recycling Receptacles (R)	□ Location of Support Vehicle Parking (SV)

Have you or your organization had a City of Columbus license/permit refused, suspended, or revoked in the past three (3) years? □ Yes □ No

Do you understand that a violation of Chapter 524 (governing Community Markets on Public Property) may cause suspension of all licenses issued there under? □ Yes □ No

Does that which is to be licensed conform to the Columbus City Code, including but not limited to Building, Health, Fire, and State of Ohio and Federal laws applicable thereto? □ Yes □ No

Removal of Lessee-Property

Applicant shall remove all property, facilities, fixtures, items, or improvements immediately upon conclusion of the event.

Acknowledgement

I, the applicant, understand that I am responsible for providing all information necessary to meet the conditions and requirements of the application process. I acknowledge that by providing such information there is no guarantee that my proposed community market will be issued a permit by the City of Columbus. The risk of promoting an event before a permit is issued is the sole responsibility of the applicant. I further accept responsibility to hold free and harmless the City of Columbus and to meet all department deadlines including submitting proof of proper insurance, payment of all departmental fees, a detailed site map, a safety plan, a list of food and merchandise vendors, and any/all other required documentation as the application specifies.

By checking this box, I verify that I have read and acknowledge the above and the conditions under which my request will be considered. □

Certain information in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial or future revocation of this permit, as well as criminal prosecution under Columbus City Code 2321.13 (A)(3) and (A)(5).

I hereby acknowledge the above statement regarding public records disclosure by checking this box. □

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the
Print Applicant Name

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

_____
Applicant Signature

Sworn to before me and subscribed in my presence, this _____ day of _____, _____

_____
Notary or Agent of Director of Building and Zoning Services

Food Vendor Information

Food Vendor Information Please list all food vendors that will be selling fresh, prepackaged or cooking on-site at the market as well as a copy of their Health Department Food License. The initial list does not have to be submitted with the application. However, this list must be submitted fourteen (14) days prior to the start of the market. It is the responsibility of the Sponsoring Organization to maintain an up-to-date list of any and all vendors added to the market after the permit has been issued. If changes are made, the License Section must be notified.

Business/Owner Name:	**Product(s) to be Sold:**	**Health/Temp Food License #:**

Merchandise Vendor Information

Please list all vendors that will be selling merchandise or taxable items at the market, along with their Vendor's license (State of Ohio Tax ID) number. The initial list does not have to be submitted with the application. However, this list must be submitted fourteen (14) days prior to the start of the market. It is the responsibility of the Sponsoring Organization to maintain an up-to-date list of any and all vendors added to the market after the permit has been issued. If changes are made, the License Section must be notified.

Business/Owner Name:	**Product(s) to be Sold:**	**State Tax ID #:**