



**CITY OF SAN ANTONIO
DEPARTMENT OF DOWNTOWN OPERATIONS
APPLICATION FOR RIVER WALK DESIGNATED PUBLIC SPACE VENDING PROGRAM**

City of San Antonio
PO Box 839966
San Antonio, TX 78283-3966
P: (210) 207-3677
F: (210) 207-4276

LOTTERY #	STATIONARY SITE #

PRIMARY VENDOR
FEE: \$750.00

ASSOCIATE VENDOR
FEE: \$750.00

PLEASE PRINT

PRIMARY VENDOR'S NAME:	
HOME ADDRESS:	CITY/STATE/ZIP CODE:
HOME TELEPHONE NUMBER:	ALTERNATE TELEPHONE NUMBER:
BUSINESS NAME:	TYPE OF BUSINESS:
STATE OF TEXAS TAX PERMIT #:	E-MAIL ADDRESS:

If applicant is an associate, business partner of a vendor, or part of a group applying for a space, please complete the following information.

ASSOCIATE VENDOR'S NAME:	
HOME ADDRESS:	CITY/STATE/ZIP CODE:
HOME TELEPHONE NUMBER:	ALTERNATE TELEPHONE NUMBER:
VENDOR'S SIGNATURE: _____	DATE _____

READ BEFORE SIGNING

I have received a copy of and agree to comply with the Policies and Procedures for the **River Walk Designated Public Space Vending** Program. I have submitted a request for a local, state and federal background check with the San Antonio Police Department and am certifying that I have not been convicted of any criminal violations, including convictions, deferred adjudications and/or probation for any felony offense, any sexual offense including misdemeanors, offenses to a child including misdemeanors, any offense requiring registration as a sexual offender or any offense for theft including misdemeanors, assault or perjury. I agree that failure to comply any of the aforementioned requirements will result in denial of my vending application. I agree to indemnify and hold harmless the city against all liability arising out of my activities under this permit. **I AGREE THAT SUCH INDEMNITY SHALL APPLY EVEN WHERE SUCH LIABILITY ARISES IN ANY PART FROM THE NEGLIGENCE OF CITY, BUT SHALL NOT APPLY IN CASES OF CITY'S SOLE ACTIVE NEGLIGENCE.**

I hereby certify that all information by furnished in this application is true and correct to the best of my knowledge and is submitted for the purpose of applying to the Department of Downtown Operations for the approved vending license/permit.

APPLICANT'S SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY DEPARTMENT OF DOWNTOWN OPERATIONS

APPROVED **DECLINED** _____
CITY OF SAN ANTONIO REPRESENTATIVE **DATE**

TREASURY USE ONLY

MATERIAL #: 9001154	IO#: 219000000000	LICENSE VALID	
CUSTOMER#:	G/L#: 4407217	FROM : 1/1/2011	TO: 12/31/2011

**If applicant is an associate or business partner of a vendor applying for a space, this section does not need to be completed.
Products to be Sold-(Please attach additional pages as required, including photos of products.)**

Product Name: _____
Description: _____
Manufacturer's Name: _____
Manufacturer's Address: _____
City: _____ State/Zip: _____ Country: _____

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Description: _____
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Manufacturer's Address: _____
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