



Pittsburgh Public Market
Full Time Merchant Application

Please Print Clearly

Application Date: _____

I. Business and Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Name/DBA: _____

Date Est./Incorporated: _____ Tax ID #: _____

Proprietorship: _____ Partnership: _____ Corporation: _____

Company Website: _____

Phone: _____ Fax: _____ Email: _____

Description of business: _____

Do you currently have any legal action pending against you or your business? ___ Yes ___ No

If yes, please explain: _____

II. Products Sold and Conducting Business at Pittsburgh Public Market

Please list the items you plan to sell in detail.

If you need additional space, attach additional sheets.

1. Are you preparing food on-site to sell? Yes No (full cooking is not permitted at this time)
2. Are you selling food prepared off-site? Yes No
3. Are you selling fresh, uncooked food? Yes No
4. Please list the permits and/or licenses you believe will need in order to sell your above-listed product(s):
5. Do you plan to personally man your merchant booth during Public Market hours?

 Yes No
6. How many employees do you plan to hire for your merchant space in Pittsburgh Public Market? (documentation of Worker's Compensation Insurance will be required)
7. Are you authorized to accept and redeem Farmer's Market Nutrition Program (FMNP) or WIC coupons? Yes No
8. Are you authorized to accept EBT (Food Stamps)? Yes No
9. List any other venues you use to sell your products.

10. Would you be willing to report your monthly gross sales totals to us?
 Yes No
11. Do you have a business plan to share and discuss? Yes No
If no, would you like assistance in creating a business plan? Yes No
12. Do you have a six-month marketing plan? Yes No
If no, would you like assistance in creating a marketing plan? Yes No
13. How many months can your initial capital investment carry your business?
_____ months
14. What number do your monthly gross sales need to reach in order to maintain your business in the Public Market?
\$_____

1212 Smallman Street • Mezzanine Office • Pittsburgh, PA 15222
412-281-4505 voice • 412-201-0172 fax

III. Sales Tax

According to the Pennsylvania Department of Revenue website, sales taxes is now filed either by telephone or online. To determine your eligibility to pay sales tax, refer to <http://www.revenue.state.pa.us>, where you can obtain information on whether or not you are exempt from sales tax, how to register your business and receive your exemption or where/how to pay your sales tax.

Are you selling any taxable items? ___Yes ___No
If yes, attach a copy of your permit. PA sales tax number: _____.
If no, attach a copy of your exemption from sales tax.

IV. Insurance and Liability

Release and Waiver. I hereby release, forever discharge and hold harmless Pittsburgh Public Market, The Strip District Public Market Council, Inc., Neighbors in the Strip, Inc., the Urban Redevelopment Authority of Pittsburgh and The Buncher Company, and their successors and assigns, from any and all liability, claims and demands of whatever kind of nature, which arise or may hereafter arise from or in connection with my participation in Pittsburgh Public Market. I take full responsibility for my rented merchant space at the Public Market, my equipment and supplies, and all products that I bring to sell at the Public Market. I understand that all merchants are responsible for their own product liability insurance.

Please Note This Insurance Requirement:

Each Pittsburgh Public Market merchant agrees to carry and pay for liability insurance for any liability arising out of the use, occupancy, or maintenance of the Premises and all areas appurtenant thereto, with an insurance company satisfactory to the Strip District Public Market Council, with the **Strip District Public Market Council, The Buncher Company, and the Urban Redevelopment Authority of Pittsburgh all named as additional insured**, protecting these three entities against liability for bodily injury and death and property damage with limits of at least \$1,000,000 for any one occurrence; and further, to furnish a certificate evidencing such insurance to the Strip District Public Market Council prior to opening in the Public Market. Each merchant also agrees to secure insurance coverage for all personal property improvements and betterments owned by the merchant on an "all risks" basis during the term of occupancy in Pittsburgh Public Market. **Insurance policies do not need to be in place before application, but must be in place before a merchant can open for business.**

Worker's Compensation Insurance Company:

Phone Number _____ Address _____

If you do not carry Worker's Compensation Insurance, state specific exemption: (i.e., no employees) _____

VIII. Agreement

You may sell at Pittsburgh Public Market only **after** your application has been approved by the Market Council and the building landlord and you have paid both your deposit and your daily, weekly or monthly fee.

I understand that I am permitted to sell the products specifically listed in the section above called "products to be sold at the Public Market" and agreed upon by Pittsburgh Public Market and the Market Council. I understand that the sale of other products could result in the immediate closing of my market stall and loss of both the fee and deposit for that day.

My signature below indicates that I have received a copy of the "Pittsburgh Public Market Guiding Principles" and "Rules of Operation" and agree to them.

I hereby certify that the information provided above is true and correct and authorize you to investigate all bank, credit and trade references and agree to pay associated costs.

signature

name (please print)

date