

ORIGINAL
STAMPED IN RED

ORDINANCE NO.: 2015-074

Granting a Franchise to Richard Dittmar d/b/a Capital City Dog for operation of a stationary sidewalk vending cart on the northeast corner of Main Street and Lady Street

BE IT ORDAINED by the Mayor and Council of the City of Columbia, South Carolina, this 1st day of September, 2015, that pursuant to Sec. 11-256, 1998 Code of Ordinances of the City of Columbia, South Carolina, that Keyser Concessions, LLC, is granted a franchise for the operation of a stationary sidewalk vending cart on the northeast corner of Main Street and Lady Street for a period of one (1) year from the date of enactment hereof.

Requested by:

Assistant City Manager Palen



Mayor

Approved by:



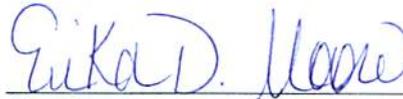
City Manager

Approved as to form:



City Attorney

ATTEST:



City Clerk

Introduced: 8/18/2015

Final Reading: 9/1/2015



We Are Columbia

1339 Main Street, Columbia SC 29201 • Phone: 803-545-3345 • Fax: 803-988-8025

BUSINESS LICENSE DIVISION

DATE: July 17, 2015

TO: Honorable Mayor and City Council Members

FROM: Roger Myers, Business License Administrator/*um*

CC: Brian Cook, Zoning Administrator

RE: **STAFF RECOMMENDATION for
Capital City Dog
NE Corner of Main & Lady
NEW APPLICANT/NEW LOCATION**

Richard Dittmar, the applicant, requests permission to establish operation of a hot dog stand at the NE Corner of Main and Lady. The applicant sells hot dogs, chips, canned soft drinks and bottled water. This location, with an approved resolution will be approved for items on List 'A', 'B' & 'C'. A copy of the application is attached.

This location meets the distancing requirements of Section 11-258 regarding sidewalk vending locations.

Staff recommends approval subject to review and approval of evidence of insurance and of compliance with health and fire codes (§11-257).

RM/st

INFORMATION REQUIRED FOR CITY OF COLUMBIA BUSINESS LICENSE

Name of Business: Capital City Dog

Mailing Address: 1633 Old Hilltop Rd Chapin 29036

Physical Address: 2501 Main St Columbia SC 29201

Federal ID/SS Number: N/A

State Retail License: 040073598

Business Phone Number: 803 317 7126

Local Phone Number: 803 317 7126

Fax Number: _____

Start of Business Date: 6/10/15

Type of Ownership: Corporation _____ Sole Prop LLC _____ LLP _____ Partnership _____

Name of Owner/Principal: Richard Dittmar

Corporate Office Contact: _____

Corporate Office Contact Phone & Email: _____

Local Contact: Richard Dittmar

Local Contact Phone & Email: 803 317 7126 stich450@yahoo.com

Local Contact Cell Phone: 803 317 7126

Emergency Contact: _____

Emergency Contact phone: 803 317 7126

Number of employees: 0

Description of business activity: Food service (mobile)

NAICS Number (from IRS return): N/A

*** THIS IS NOT AN APPLICATION. THIS SHEET IS FOR INFORMATION ONLY. PLEASE DO NOT

Submitted By: Richard Dittmar Phone: 803 317 7126

City of Columbia
Business License Division
1339 Main St
Columbia, SC 29201
(803) 545-3345 Phone
(803) 988-8025 Fax

BL-008715
HT-006677-07-2015



SIDEWALK VENDING



FRANCHISE APPLICATION CITY OF COLUMBIA BUSINESS LICENSE DIVISION P O Box 147 • 1136 Washington Street, Columbia, SC 29217 • 803-545-3345

PLEASE ATTACH ADDITIONAL INFORMATION IF YOU DO NOT HAVE ENOUGH ROOM!

DATE	MONTH	July	DAY	9	YEAR	2015
REQUESTED VENDING LOCATION	NUMBER	7				
	DESCRIPTION	NE Corner Main & Lady				
OWNER INFORMATION	NAME	Richard Dittmar				
	ADDRESS	1633 Old Hilton Rd 29036				
	TEL	803-317-7126	FAX	—	E-Mail	stich450@yahoo.com
CONTACT INFORMATION <i>If different from above</i>	NAME					
	ADDRESS					
	TEL		FAX		E-Mail	
LOCATION OF OFF-STREET STORAGE FACILITY	DEF Kitchens 2501 Main St Columbia, SC 29201	DESCRIPTION (Garage, rental storage, etc.)	Commissary Kitchen			
	METHOD AND ROUTE FOR TRANSPORTING CART TO VENDING LOCATION Cart is towable. Route: Travel South on main St.					
DESCRIPTION OF VENDING CART <i>-Include how cart is powered/food cooked</i>	YOU ALSO MUST SUBMIT A PHOTOGRAPH AND/OR DRAWING OF VENDING CART!					
	Brand: All American Model: NY City Street Cart Cart includes sink, cooler/ice box, and propane steam table.					
DESCRIPTION OF FOOD, BEVERAGES, AND MERCHANDISE BEING SOLD	Hot dogs, chips, can soda, bottled water					
DESCRIPTION OF OUTSIDE OWNERSHIP INTERESTS <i>If any; e.g. Partners or Stockholders</i>	Individual					
ADDITIONAL INFORMATION <i>e.g. to demonstrate financial ability to perform conditions of franchise</i>	SC Retail License: 040073598 SC DHEC Permit: 40-204-07574 ("A" rating) Liability Insurance: FLIP P*P# 3305436					
I, as a business owner or authorized owner representative, confirm to the best of my knowledge that the information contained on this application is accurate.						
SIGNATURE:			RELATIONSHIP TO OWNER: Owner			
FOR STAFF USE	INVOICE#		AUTHORIZED BY			

VENDORS AT FESTIVALS OR PUBLIC EVENTS ARE NOT REQUIRED TO OBTAIN A VENDING FRANCHISE, BUT MAY STILL REQUIRE A BUSINESS LICENSE.

PLEASE CONTACT THE BUSINESS LICENSE DIVISION AT 803.545.3345 FOR MORE INFORMATION.

DISTANCING REQUIREMENTS FOR SIDEWALK VENDING FRANCHISES

Note: this information is not comprehensive; please consult the Business License Ordinance Chapter 11-251 through 11-262 for more information

- Your cart must meet MINIMUM distancing requirements in order to be approved. Your cart must be greater than:
 - 50 feet from principal public entrance to a food service business not owned by vendor;
 - 10 feet from an entrance to any building;
 - 50 feet from driveway to Police or Fire Station;
 - 25 feet from any other driveway;
 - 25 feet from any bus stop sign.
- Your cart must not obstruct sight clearance at intersections.
- Your cart must not obstruct pedestrian traffic. Must provide 4 feet clear passageway for pedestrians at all times!

Layout for Proposed Project

Show proposed cart location.
Include existing structures, sidewalk, and curb
Please include dimensions!!

Each square represents 1 feet.



PLACE NORTH
ARROW HERE

ADDRESS N.E. Corner Main & Lady

DATE: _____



← Lady St. →

DER Kitchen LLC
2501 Main Street (29201)
Post Office Box 345
Columbia, SC 29202-0345
Telephone: 803-779-3003 Fax: 803-779-3006

June 17, 2015

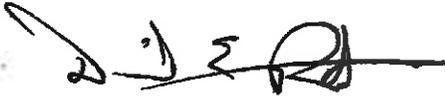
City of Columbia
Business License Division
1339 Main Street
Columbia, SC 29201

RE: Richard Dittmar dba Capital City Dog

To Whom It May Concern:

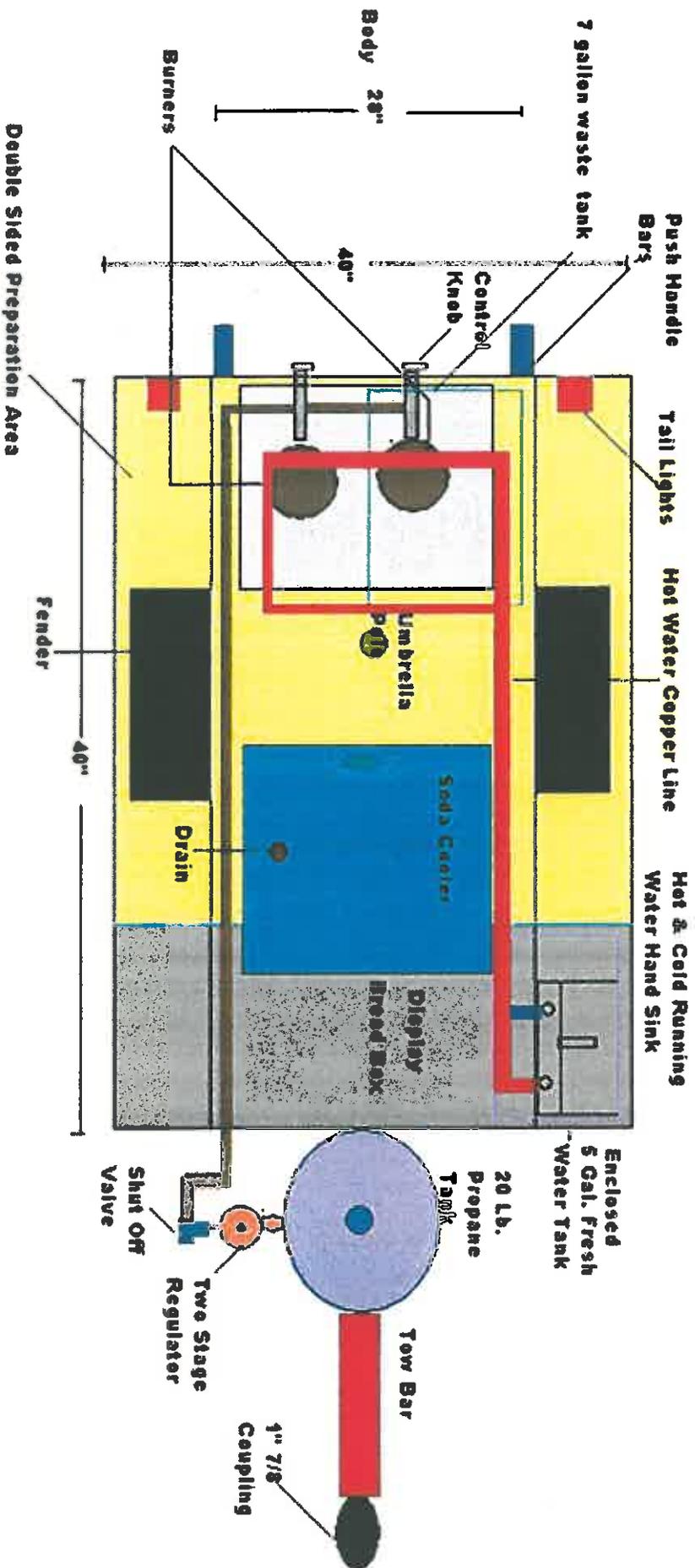
Please be advised that Richard Dittmar dba Capital City Dog will be using the commercial kitchen at our facilities at the above address. Should you have any questions, please do not hesitate to contact me.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'D. E. Roberts', with a horizontal line extending to the right.

David E. Roberts
Owner

Original New York City Street Cart





Retail Food Establishment Inspection Report

Bureau of Environmental Health Services

Division of Food Protection & Rabies Prevent

Score Rating

100

A

Establishment Name Capital City Dog

Type of Inspection Site/Permit

Address 2501 Main St.

Date 6/19/15 Start Time 2:25 End Time 2:50

Permit # 40-704-07574

City Columbus County RC Zip 29201

Category 1 2 3 4 Follow up Within ___ days

Foodborne Illness Risk Factors & Interventions

Good Retail Practices

Item	Supervision	OUT	CDI
1	PIC Present, Demonstration, Certification, Performance	2	
Employee Health			
2	Management; employee knowledge; responsibilities & reporting	2	
3	Proper use of reporting, restriction, and exclusion	2	
Employee Good Hygienic Practices			
4	Proper eating, tasting, drinking or tobacco use	2	1
5	No discharge from eyes, nose, or mouth	2	
Preventing Contamination by Hands			
6	Hands clean & properly washed	4	2
7	No bare hand contact with RTE foods	3	2
8	Handwashing sinks supplied & accessible	2	1
Approved Source			
9	Food obtained from approved source	2	1
10	Food received at proper temperature	2	1
11	Food in good condition, safe, and unadulterated	2	1
12	Required records available: shell stock tags, parasite destruction	2	
Protection from Contamination			
13	Food separated & protected	3	2
14	Food-contact surfaces: cleaned & sanitized	3	2
15	Proper disposition of returned, previously served, reconditioned, and unsafe food	2	1
Time/Temperature Control for Safety (TCS Food)			
16	Proper cooking time and temperature	3	2
17	Proper reheating procedures for hot holding	3	2
18	Proper cooling time and temperatures	3	2
19	Proper hot holding temperature	3	2
20	Proper cold holding temperature	3	2
21	Proper date marking and disposition	3	2
22	Time as a Public Health Control: procedures & records	2	1
Consumer Advisory			
23	Consumer advisory provided for raw or undercooked foods	1	
Highly Susceptible Populations			
24	Pasteurized foods used; prohibited foods not offered	2	1
Chemical			
25	Food additives: approved and properly used	2	1
26	Toxic substances properly identified stored and used	2	1
Conformance with Approved Procedures			
27	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	

Item	Safe Food & Water	OUT	CDI
28	Pasteurized eggs used where required	1	0
29	Water and ice from approved source	2	1
30	Variance obtained for specialized processing methods	1	
Food Temperature Control			
31	Proper cooling methods used; adequate equipment for temperature control	1	0
32	Plant food properly cooked for hot holding	1	0
33	Approved thawing methods used	1	0
34	Thermometers provided and accurate	1	0
Food Identification			
35	Food properly labeled: original container	1	0
Prevention of Food Contamination			
36	Insects & rodents not present; no unauthorized animals	2	0
37	Contamination prevented during food preparation, storage & display	2	1
38	Personal cleanliness	2	1
39	Wiping cloths: properly used and stored	1	0
40	Washing fruits and vegetables	1	0
Proper Use of Utensils			
41	In-use utensils: properly stored	1	0
42	Utensils, equipment and linens: properly stored, dried and handled	1	0
43	Single-use and single-service articles: properly stored and used	1	0
44	Gloves used properly	1	0
Utensils & Equipment			
45	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	2	1
46	Warewashing facilities: installed, maintained & used; test strips	1	0
47	Non-food contact surfaces clean	1	0
Physical Facilities			
48	Hot and cold water available; adequate pressure	2	1
49	Plumbing installed; proper backflow devices	2	1
50	Sewage and waste water properly disposed	2	1
51	Toilet facilities: properly constructed, supplied & cleaned	1	0
52	Garbage & refuse properly disposed; facilities maintained	1	0
53	Physical facilities installed, maintained and clean	1	0
54	Meets ventilation and lighting requirements; designated areas used	1	0
Chapter 8 & 9 Violations			
55	Chapter 8: Compliance & Enforcement		
56	Chapter 9: Standards for Additional Operations	1	

Remarks:

DHEC Inspector Name Wendy Reed DHEC Inspector Signature Wendy Reed Phone # 8960620
 PIC Name Richard Dittman PIC Signature [Signature]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/10/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

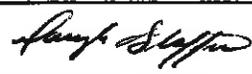
PRODUCER Veracity Insurance Solutions, LLC. 260 South 2500 West, Suite 303 Pleasant Grove UT 84062	CONTACT NAME: FLIP Program Support PHONE (A/C No. Ex): (888) 568-0548 FAX (A/C No.): E-MAIL ADDRESS: info@flipprogram.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Great American Alliance Insurance Co. NAIC # 26832 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Richard Dittmar, DBA Capital City Dog 1833 Old Hilton Rd. Chapin SC 29036	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>		PL3305436-F010394	06/03/2015	06/03/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATL TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured - Designated Person or Organization (CG20 26, ED. 04 13)

CERTIFICATE HOLDER City of Columbia NE Corner of Main and Lady st. Columbia SC 29210	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

Name of Additional Insured Person(s) or Organization(s):

Per individual Certificate of Coverage.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. SECTION II - WHO IS AN INSURED is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. in the performance of your ongoing operations; or
2. in connection with your premises owned by or rented to you.

However:

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these Additional Insureds, the following is added to SECTION III – LIMITS OF INSURANCE:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the contract or agreement; or
2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Great American Alliance Insurance Company
 301 E. Fourth Street, 25 S
 Cincinnati, OH 45202-4201
 513-579-6300



ADMINISTRATED BY
 Veracity Insurance Solutions, LLC
 260 South 2500 West Suite 303
 Pleasant Grove Utah 84062
 888-568-0548
info@fliprogram.com



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 LIABILITY
 INSURANCE
 PROGRAM

<http://www.fliprogram.com>

**COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE FORM
 CERTIFICATE PAGE**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY	POLICY NUMBER: PL3305436
NAMED INSURED: BEAUTY HEALTH & TRADE ALLIANCE	
CERTIFICATE HOLDER: Richard Dittmar, DBA Capital City Dog	CERTIFICATE NUMBER: F010394
ADDRESS: 1633 Old Hilton Rd., Chapin, South Carolina 29036	
POLICY PERIOD: 06/03/2015 to 06/03/2016 12:01 AM, Standard Time at the Address of The Certificate Holder	

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
General Each Occurrence Limit	\$	1,000,000	
Damage to Premises Rented to You Limit	\$	300,000	Any One Premises
Medical Expense Limit	\$	5,000	Any One Person
Professional Coverage Extension	\$	Not Purchased	Each Claim
	\$	Not Purchased	Aggregate
Professional Coverage Deductible	\$	Not Purchased	Each Claim
Liability Deductible			None
Identity Recovery Coverage Aggregate Limit	\$	15,000	
Identity Recovery Coverage Deductible	\$	250	

FORM OF BUSINESS: Sole Proprietor/Individual

TOTAL COST OF INSURANCE: \$ 299 (The cost is 100% earned/non refundable)

CODE NUMBER: 11168 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** Up to \$50,000

CLASSIFICATION: Concessionaries

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TO CLAIMS@VERACITYINS.COM OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

ADMINISTRATOR'S SIGNATURE: 