

Sidewalk Vending Permit Application



Checklist:

- Completed LiveScan with the California Department of Justice.
- □ Must also obtain a Business License in addition to this Permit.
- □ Must also obtain a Home Occupation permit is residence is within town limits
- □ A payment of \$403, plus any business license fees.
- Copy of San Bernardino County Health Permit (if applicable)
- Evidence of liability insurance policy naming the Town as an additional insured, providing minimum coverage of \$1,000,000.00 for injury or death to one person arising out of the operation of any sidewalk vending business.
- Copy of a valid California Seller's Permit issued by the Board of Equalization.
- Copy of signed property owner authorization if intending to operate on private property.
- Copy of operator's/vendor's social security card with number, valid California Driver's License or Identification card, or the individual taxpayer identification number issued to the operator/vendor.

Please complete the following:

Application is for:	□ New Roaming	□ New Stationary	□ Renewal
Business Name: Business Address:			
List of Services:			
Statement of Operation:			
Operator/Applicant Information:			
Operator/Applicant Nar	ne.		
Mailing Address: Telephone Number:			

www.AppleValley.org 14955 Dale Evans Parkway • Apple Valley, California 92307 • 760.240.7000



List all aliases, nicknames, married and/or maiden names currently or previously used:

A description of the type of food, beverage, or merchandise/goods to be sold.

Prior Licenses - List all Business License history relating to massage, including other jurisdictions (attach additional sheets if necessary).

Hours of operation: ____

Description of cart or any other information that will explain the proposed use:

Have you ever had a permit, registration or license suspended or revoked?

If yes, attach a statement explaining the suspension or revocation.

Each applicant, operator or vendor associated with this application must complete the following statement, sign, and date below:

_____ (print name), certifying under penalty of perjury that I I, _

(1) Have reviewed Chapter 5.08 of the Town Municipal Code:

(2) Understand its contents; and

(3) Understand the duties of a sidewalk vendor as provided in this Chapter; and

(4) I certify that to the best of my knowledge and belief, the information contained in this application is correct and true.

Signature

Date

I, _____ (print name), certifying under penalty of perjury that I

(1) Have reviewed Chapter 5.08 of the Town Municipal Code;

(2) Understand its contents; and

(3) Understand the duties of a sidewalk vendor as provided in this Chapter; and

(4) I certify that to the best of my knowledge and belief, the information contained in this application is correct and true.

Signature _____ Date

www.AppleValley.org 14955 Dale Evans Parkway • Apple Valley, California 92307 • 760.240.7000