



# Sidewalk Vendor Permit Application

## 1. Applicant Information

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant's Driver's License Number (please provide a copy): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Applicant's Business Address: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

## 2. City Vendor Permit Application Type (Please select one)

I am requesting a:

Food Vendor Permit

Los Angeles County Public Health Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Insurance Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Food Handlers Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

California Sellers Permit Number: \_\_\_\_\_

Merchandise Vendor Permit

Liability Insurance Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

California Sellers Permit Number: \_\_\_\_\_

Food and Merchandise Vendor Permit

Los Angeles County Public Health Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Insurance Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Food Handlers Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

California Sellers Permit Number: \_\_\_\_\_



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### 3. Business Ownership Information

Business Name: \_\_\_\_\_ Business Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

### 4. Details of Proposed Operation

Stationary Vendor (Not applicable to residential zones)

Roaming Vendor

Description of items offered for sale or exchange: \_\_\_\_\_

Proposed Location of Operation in Santa Clarita: \_\_\_\_\_

**City Park, Residential Zones** (non-stationary only), **OR**  
**Commercial Zones**

Detailed Location: \_\_\_\_\_

Proposed Days of Operation in Santa Clarita: \_\_\_\_\_

Proposed Hours of Operation in Santa Clarita: \_\_\_\_\_

*\*Please note that the hours of operation are limited to the following:*

*City Parks (limited to parks without a signed, exclusive agreement with concessions) – Sunrise to 10:00pm*

*Residential Zones (limited to mobile carts only) – 8:00 am to sunset*

*Commercial Zones (limited to nearby business hours) – Variable*

Map or Drawing of Vending Area:

**5. Details of Vending Equipment and Signage**

Description of Vending Equipment: \_\_\_\_\_

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Measurements of Equipment:

Height: \_\_\_\_\_

Width: \_\_\_\_\_

Length: \_\_\_\_\_

Diagram of Equipment:

Description of Signage: \_\_\_\_\_

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Measurements of Signage:

Height: \_\_\_\_\_

Width: \_\_\_\_\_

Length: \_\_\_\_\_

Diagram of Signage:

## **6. Roaming Vendors Only**

Please provide a map with routes of proposed vending:

I certify under penalty of perjury that the information provided in this application is complete, accurate, and true.

Applicant Signature: \_\_\_\_\_

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| <i>- For Office Use Only -</i>                 |  |
| <i>Application Received on:</i> _____          | <i>Initial Review Date:</i> _____          |
| <i>Sr. Officer Approval Received on:</i> _____ | <i>Manager Approval Received on:</i> _____ |
| <i>Payment Date:</i> _____                     | <i>Processed by:</i> _____                 |
| <i>SVP:</i> _____                              | <i>Issued on:</i> _____                    |
| <i>Notes:</i> _____                            |  |