

Business Information:

Business Address: _____
Street Address **Apartment/Unit #**

_____ **City** **State** **Zip Code**

Business Phone #: _____ **Business Email Address:** _____

Type of food being sold: _____

Days and hours of Peddling: _____

Selling Address: _____

Private Property owner information: _____

Commissary information: _____

Employee(s) Information:

Name	Address	DOB/Driver's License #
------	---------	------------------------

Name	Address	DOB/Driver's License #
------	---------	------------------------

Name	Address	DOB/Driver's License #
------	---------	------------------------

List of Required Documents:

- Provide proof of insurance (\$1,000,000 General Liability/ \$1,000,000 General Aggregate/ \$1,000,000 Vehicle insurance
- Santa Clara County Health Permit
- CA State Sellers Permit.
- Approved Commissary Contract (List the contact number and name for the owner or property management firm.)

At the time of appointment, you will need to bring the following: required documents, vehicle for inspection, non-refundable fee. You must obtain a City Business Tax Certificate after receiving authorization from the Permits Unit.

If you are renewing your permit, please pay the renewal fee for the City Business Tax Certificate prior to the scheduled appointment with the Permits Unit.

Disclaimer and Signature:

I DO HEARBY SOLEMNLY SWEAR/AFFIRM THAT THE INFORMATION AND ANSWERS I HAVE PROVIDED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE THE CITY OF SANTA CLARA, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION AND MY QUALIFICATIONS. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR DENIAL OR FUTURE REVOCATION.

Print Name

Signature

DATE

FOR OFFICIAL USE ONLY

Date: _____

Fees Paid: _____

Livescan: _____

CA Sellers Permit: _____

Vehicle/Cart Inspection: _____

Insurance Docs: _____

County Environmental Health Permit: _____

Commissary Contract: _____

Business License #: _____

Permit Expiration Date: _____

Approved: _____