



SIDEWALK VENDING PERMIT APPLICATION CHECKLIST

A completed application includes the following:

1. Completed Application form.
2. Payment of the Sidewalk Vending Application Fee (\$110.00).
3. Proof of a valid permit issued by the Los Angeles County Department of Public Health, including a valid and current Mobile Food Facility permit.
4. Proof of a valid California Department of Tax and Fee Administration seller's permit.
5. Proof of current insurance policy, issued by an insurance company licensed to do business in the State of California, protecting the permittee and the City from all claims for damages to property and bodily injury, which may arise from operations under or in connection with the permit. Such insurance shall name as additional insured the City and shall provide that the policy shall not terminate or be canceled prior to the expiration date. Permittee shall maintain and provide commercial general liability insurance, with coverage in an amount not less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, for bodily injury, personal injury, and property damage.
6. A written description and photograph of any and all vending carts to be used in the operation of the business.
7. A Site Plan showing location of proposed use on property, including location of the following:
 - Property lines and dimensions, setback distances;
 - Names of adjacent streets as well as location;
 - Existing buildings and structures; and
 - Existing use of adjacent properties.
8. A signed Conditions of Approval for Sidewalk Vending.
9. After an application is approved, the vendor must show proof of a valid La Mirada Business License before a permit is awarded.



CITY OF LA MIRADA

13700 La Mirada Boulevard
La Mirada, CA 90638
(562) 943-0131

FEE
NONREFUNDABLE
\$110.00

SIDEWALK VENDING PERMIT APPLICATION

A Sidewalk Vending Permit is valid for one year. A permit is required for each Sidewalk Vendor.

SIDEWALK VENDOR/APPLICANT INFORMATION

Name: _____ Date: _____
Email Address: _____ Website: _____
Address: _____ Address _____ City _____ Zip _____
Driver's License or California ID No.: _____ Driver's License or California ID Expiration Date: _____

Business Owner's Name: _____ First _____ Middle _____ Last _____ Home Phone: _____
Home Address: _____ Address _____ City _____ Zip _____
Email Address: _____ Driver's License or California ID No.: _____
Type of Business (Please Give Full Description): _____
Federal/State Employer ID/Taxpayer ID: _____
Health Permit No. (Attach Copy): _____ California Seller's Permit No. (Attach Copy): _____
Comprehensive Liability Insurance (Attach Copy): _____ Company _____ Policy No. _____ Amount _____

Description of food or merchandise to be offered for sale: _____

Description of the vending cart to be used (Attach a Photograph): _____

Proposed days and hours of operation: _____

Please Check One:

- Stationary (Describe Proposed Location Below) Roaming (Describe Intended Path of Travel Below)

PLEASE SEE REVERSE SIDE



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Exact Location Requested. Using the space below, draw a detailed diagram of the exact location you desire to use for Sidewalk Vending purposes. Include exact measurements of the distance between the vending cart and easily identifiable points. Be as descriptive as possible.

Submitting an application and paying for a permit does not entitle the applicant to begin vending operations. Only possession of valid sidewalk vending permit entitles you to begin business. A sidewalk vending permit will be issued only if upon investigation the applicant is in compliance with City of La Mirada Ordinance No. 707. All sidewalk vending permits are subject to revocation for failure to maintain compliance with all operating requirements and restrictions.

I certify that the foregoing is, to the best of my knowledge and belief, true and correct.

Signature _____ Printed Name _____ Date _____

FOR OFFICE USE ONLY

BUSINESS LICENSE NO.: _____ PERMIT NO.: _____

SIC Code: _____ Business Code: _____ Receipt No.: _____

Date Received: _____ Cash Credit Check No. _____

Administration Approved Denied Date: _____ Official _____

Code Enforcement Approved Denied Date: _____ Official _____

Planning Inspector Approved Denied Date: _____ Official _____

Risk Management Approved Denied Date: _____ Official _____