

STREET VENDOR APPLICATION

Date of Application: _____ Contact Person: _____

Individual or Business Name: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Address: _____ City _____ State _____ Zip _____

E-mail address: _____

Name of Vending Cart: _____

Describe each food, beverage, merchandise and/or service you will be offering for sale:

Days and times you wish to vend: _____

Location you wish to vend: _____

Insurance carrier: _____ Policy Number: _____

Please list the names, address and phone numbers of all employees:

Vendor Cart Specifications (attach photograph)

Vendor Carts must be designed according to specifications of Ordinance number 3780-6- 48.050(d).

Basic description (material, color): _____

Length: _____ Width: _____ Height: _____ Umbrella? (Circle one) Y N

Number of signs to be used: _____

Description of signs: _____

Location of license display: _____

Location of menu: _____

Location of cart name display: _____

CA Sales Tax Number: _____ Sonoma County Health Permit: _____

Additional Information: _____

