CITY OF LOS ALAMITOS

SIDEWALK VENDING PERMIT APPLICATION

Development Services Department
3191 Katella Ave., Los Alamitos, CA
90720-5600 Phone: (562) 431-3538 Fax: (562) 493-0678

FOR OFFICE USE ONLY
Application #:_____
Received:_____
Filing Fee: $522.42
DATE:
☐ APPROVED
☐ DENIED

APPLICANT INFORMATION

Applicant Name: _____ Business Name_____

Applicant Address: _____

Applicant Phone: _____ Email: _____

Website Address: _____

BUSINESS OWNER / OPERATOR INFORMATION

Same as Applicant Information (above)

Name of Business Owner: _____

Business Owner Address:_____

Business Owner Phone:_____

SIDEWALK VENDING INFORMATION

Type of Vending: Stationary ☐ Roaming ☐

Describe proposed vending location and hours of operation:

_____

_____

_____

_____

_____

Describe the merchandise and/or food or drink offered for sale or exchange:

_____

_____

_____

_____

_____

List all names of all persons/employees that will be vending with you or in place of you:

_____

_____

_____

_____

_____

SUPPLEMENTAL INFORMATION

Attach the following supporting documents:

Individual Identification: ☐ Provided _____
☐ Not applicable _____

CA Seller's Permit: ☐ Provided _____
☐ Not applicable _____

Health Permit: ☐ Provided _____
☐ Not applicable _____

CERTIFICATION OF APPLICANT:

I certify that the information entered on this form is true and correct to the best of my knowledge and belief. I have read and understand Chapter 12.48 of the Los Alamitos Municipal Code regarding criteria for Sidewalk Vending. I agree to submit any additional information required and to conduct the Sidewalk Vending business in conformance with the applicable laws, ordinances, and regulations established for such business by said Chapter.

Applicant's Signature: _____ Date: _____

Business Owner's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reviewed by: _____
Date Reviewed: _____
Remarks: _____