



City of Hesperia
PLANNING DIVISION
(760)947-1224

APPLICATION FOR A SIDEWALK VENDING PERMIT

☐ Roaming

☐ Stationary

APPLICANT: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

FAX: _____ E-MAIL: _____

PRINCIPAL: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

FAX: _____ E-MAIL: _____

A DESCRIPTION OF THE TYPE OF FOOD, BEVERAGE, OR MERCHANDISE TO BE SOLD: _____

HOURS OF OPERATION: _____

DESCRIPTION OF CART OR ANY OTHER INFORMATION THAT WILL EXPLAIN THE PROPOSED USE:

LICENSE PLATE NO.: _____ VEHICLE ID NO. (VIN): _____

CERTIFICATION

I/WE CERTIFY THAT TO MY/OUR KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

CHECKLIST

☐ TOTAL FEE OF \$154.00, WHICH INCLUDES A \$140.00 FEE, PLUS 10% (\$14.00)

☐ APPLY FOR A CITY BUSINESS LICENSE

☐ A PHOTOGRAPH OF ANY STAND TO BE USED IN THE OPERATION OF THE BUSINESS

☐ A COPY OF UNEXPIRED SELLERS PERMIT

☐ IF OPERATING IN STATE RIGHT OF WAY, THE VENDOR SHALL PROVIDE EVIDENCE OF THE STATE'S AUTHORIZATION

☐ PROOF OF INSURANCE. THE CITY SHALL BE NAMED AS ADDITIONALLY INSURED

- ☐ IF FOOD RELATED, A COPY OF SAN BERNARDINO COUNTY HEALTH PERMIT
- ☐ IF FOOD VENDOR & STATIONARY FOR MORE THAN 60 MINUTES, WRITTEN PERMISSION TO USE A TOILET & HANDWASHING FACILITY WITHIN 200 FEET
- ☐ IF STATIONARY, PROVIDE A DETAILED SITE PLAN SHOWING THE VENDING CART AND SIDEWALK