



CITY OF WESTMINSTER

DATE STAMP

8200 WESTMINSTER BLVD., WESTMINSTER, CA 92683
Contact: Vicki Morgan, Code Enforcement Manager
Phone (714) 548-3478

SIDEWALK VENDOR PERMIT APPLICATION

OFFICE USE ONLY:

BT CERT # _____ SVP PERMIT # _____

1) APPLICANT INFORMATION:

PERMIT FEE \$243.00

Name of Applicant: _____

Business Name: _____

Mailing Address: _____

Driver's License Number: _____ ITIN or Other ID # _____

Cell Phone: _____ Email: _____

Ownership Type Sole Owner LLC Corporation Partnership EIN# _____

List below all persons/employees that may be vending in place of you from time to time:

Name:	Name:
Driver's License Number:	Driver's License Number:
Name:	Name:
Driver's License Number:	Driver's License Number:

List below all persons who have a shared interest in the business, including authorized agents:

Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip
Cell Phone:	Cell Phone:

2) VENDING ACTIVITY:

ROAMING VENDOR STATIONARY VENDOR Items being sold: Food Merchandise Services

Type(s) of food, merchandise and/or services sold _____

Seller's Permit # _____ Health Permit # _____

I HAVE ATTACHED A COPY OF MY VALID SELLER'S PERMIT FROM THE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (CDTFA) WITH PROOF OF WESTMINSTER REGISTRATION.

I HAVE ATTACHED A COPY OF MY HEALTH PERMIT AUTHORIZING THE SALE OF FOOD ITEMS.

_____ (INITIALS)

_____ (INITIALS)

3) TO BE COMPLETED BY STATIONARY VENDORS:

List below the desired locations for your Sidewalk Vending Activities. Be sure to include identifiable points so the exact location can be identified without further explanation.

Location / Address of Sidewalk Vending Activities	Days & Hours of Operation

4) TO BE COMPLETED BY ROAMING VENDORS:

List below your intended path(s) of travel for your Sidewalk Vending Activities.

Roaming or Intended Path of Travel	Days & Hours of Operation

5) ADDITIONAL DOCUMENTATION THAT MUST ACCOMPANY SIDEWALK VENDOR PERMIT APPLICATION:

- Legible copy of valid driver's license for applicant / vendor
- Evidence of Commercial General Liability Insurance
- Color photos and description of Stationary Vending set-up / cart / apparatus / advertising
- Seller's Permit showing Westminster (for merchandise sales)
- Health Permit (for food sales)

6) SIGNED AGREEMENT:

I, the undersigned, acknowledge that I am responsible to comply with the information, restrictions, and conditions of the Sidewalk Vendor Permit when issued. I have read and acknowledge the provisions of Chapter 8.06 of the Westminster Municipal Code and hereby acknowledge responsibility for penalties associated with non-compliance of Chapter 8.06, whether or not I am present at the time of the violation. I further acknowledge and understand that use of public property for any Vending activity is at my own risk, and I agree to release, hold harmless and indemnify the City of Westminster from any and all claims or damages arising out of my vending activities, including reasonable attorney's fees and costs of litigation. In the event that the City is made a party to any action or lawsuit, arising from such vending activity, the vendor shall provide a defense to the City, or at the city's option, reimburse the city for their costs of defense, including reasonable attorney's fees. I certify that I shall maintain commercial general liability insurance (CGL) with coverage at least as broad as Insurance Services Office form CG 00 01, in an amount not less than \$1 million per occurrence, \$2 million general aggregate, for bodily injury, personal injury, and property damage. The CGL policy shall provide or be endorsed to provide that city and its officers, officials, employees, agents, and volunteers shall be additionally insured under such policies. I further certify that I will comply with all applicable local, state, and federal laws and hereby certify under penalty of perjury that I understand the above statements, and that the information provided on this application form is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Printed Name _____ Title _____



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SIDEWALK STATIONARY VENDOR LOCATION DESIGNATION

Using the spaces below, draw a detailed diagram of the exact location, or locations, you intend to use for your Sidewalk Vending purposes. You may include a map viewer image instead (e.g.: Google GG GIS). Be sure to designate exact measurements of distance between your vending set-up or apparatus and any identifiable points or items in close proximity to your designated space. Be aware, you must remain in compliance with all sections of WMC Chapter 8.06.

LOCATION #1

LOCATION #2

LOCATION #3



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SIDEWALK VENDOR SIGNED STATEMENTS

1) I acknowledge and understand that I am responsible to comply with the information, restrictions, and conditions of the permit when issued.

Signature:

Date:

2) I have read and acknowledge the provisions of Chapter 8.06 of the Westminster Municipal Code, and hereby agree to abide by all sections of said chapter, and all requirements, regulations, and prohibitions within.

Signature:

Date:

3) I have read and acknowledge the provisions of Chapter 8.06 of the Westminster Municipal Code, and hereby acknowledge responsibility for penalties associated with non-compliance of Chapter 8.06 of the Westminster Municipal Code.

Signature:

Date:

4) I understand and acknowledge that I will maintain a four (4) foot clearance at all times at any at all vending locations to allow for ADA access.

Signature:

Date:

5) I acknowledge and understand that the use of public property is at the Sidewalk Vendor's own risk, and that the city does not take special steps to ensure the Sidewalk Vendor's chosen location(s) is conducive to Sidewalk Vending activities.

Signature:

Date:

6) I understand that I cannot vend on public property without a valid Westminster Business License.

Signature:

Date:

7) I understand that I cannot vend on public property without a valid Westminster Sidewalk Vendor Permit.

Signature:

Date:

8) I understand that if my approved vending apparatus entails cooking fats, oils or grease that I will dispose of such items in accordance with local, state, and federal laws, and will be held responsible for clean-up or monetary costs associated with any environmental accidents or occurrences.

Signature:

Date:

9) I understand that even if I have an approved Sidewalk Vendor Permit as a Stationary Vendor, for an approved fixed location, if my fixed vending location becomes within 200 feet of the footprint of a Permitted Special Event, I understand that I will not be able to vend at my fixed vending location during the Permitted Special Event times.

Signature:

Date:

OFFICE USE ONLY:

APP INCOMPLETE

- SELLER'S PERMIT
- HEALTH PERMIT
- PAYMENT RECEIVED
- DL RECEIVED
- PHOTOS RECEIVED
- DESCRIPTION RECEIVED
- INSURANCE RECEIVED

- PERMIT APPROVED
- PERMIT ISSUED
- BT ISSUED

STAFF INITIALS

ITEMS MISSING:
