



CITY OF MOORPARK

COMMUNITY DEVELOPMENT DEPARTMENT | 323 Science Drive, Moorpark, California 93021
Main City Phone Number (805) 517-6200 | Fax (805) 532-2540 | www.moorparkca.gov

SIDEWALK VENDOR, STREET VENDOR, SOLICITOR PERMIT APPLICATION

FEES = \$216.24 PER APPLICANT. ALL PERMITS EXPIRE ONE YEAR AFTER ISSUANCE.

PERSONAL INFORMATION

Check One: Owner/ Operator Employee Other (describe): _____

Applicant Name: _____
(Last Name) (First Name) (Middle)

Phone Number: _____ Email: _____

Home Address: _____
City State Zip

CONFIDENTIAL INFORMATION

Forms of acceptable identification: State of California driver's license or identification number, an individual taxpayer identification number, Social Security number, or any other government-issued identification card.

Identification Type: _____ Identification No.: _____

Age: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____ Gender: _____

Date of Birth: _____ Place of Birth: _____

Required with application: One (1) photograph, at least two (2") inches by two (2") inches, taken within four (4) months preceding the date of the application*

BUSINESS / ORGANIZATION INFORMATION

Name of Business/ Organization: _____

Name of Business/ Organization Owner: _____

Business Organization Phone Number: _____

Main office or site address where business/organization operations are located:

Street Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

Current or Past City Permits: _____

Business Registration Number: _____

Are You claiming a Non-Profit Exemption? Yes (must attach an Internal Revenue Service (IRS) determination letter)
 No

LEGAL BACKGROUND INFORMATION

Have you ever had a City/County Permit or Business Registration Revoked/Suspended?

Yes* No

**If yes, on a separate piece of paper, provide a full explanation describing all the circumstances (including dates, arresting agency, etc.) surrounding each incident. Failure to provide full disclosure or any misrepresentation of the facts is cause for denial and or revocation of any and all permits.*

BUSINESS ACTIVITY INFORMATION

What specific business activities will be conducted in Moorpark?

- Roaming Sidewalk Vending Stationary Sidewalk Vending Street Vending Solicitation

Cart Description/Dimensions (if applicable): _____
 (ie: table, pushcart, stand, display, pedal-driven cart, wagon, showcase, rack, or other nonmotorized unenclosed conveyance)

What type of services/merchandise is offered and sold? (*Select all that apply, and include description*)

- Prepackaged Food Non-potentially hazardous foods Potentially hazardous foods
 Business cards/brochures Seasonal Goods Political Merchandise
 Retail Other

Description: _____

PROPOSED DAYS, LOCATION, AND HOURS OF OPERATIONS

For a Stationary vending cart in a Commercial or Industrial zoned area of the City, as identified in the City Zoning Code, provide the proposed location marked by major cross streets, and a photo of or sketch the location.

For a Roaming vending cart in a Residential zoned area of the City, as identified in the City Zoning Code, provide a sketch or description of the route the Sidewalk(s) vendor will travel.

DAY	LOCATION	START TIME	END TIME
Sunday		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Monday		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

ADDITIONAL VEHICLE INFORMATION

Please provide the following information for each vehicle, cart, wagon, truck, van, etc. that will be used for the business.

License Number	State	Registration Expiration Date	Vehicle Make & Model	Vehicle Color	Ventura County Health Permit Number

Insurance Company Name: _____

Insurance Policy Number: _____

Insurance Address: _____

VEHICLES NOTE: [Section 10.04.300](#) of the Moorpark Zoning Code prohibits the storage/parking, loading and unloading of large delivery vehicles at your home if your home is within Moorpark City limits.

