



CITY OF MOORPARK

799 Moorpark Avenue, Moorpark, California 93021
Phone: 805-517-6200 • Fax: 805-532-2540 • www.moorparkca.gov

STREET VENDOR PERMIT AND SOLICITOR APPLICATION (FEES: \$110.00 Owner/Supervisor; \$110.00 Additional Employees; plus a \$104.00 Business Registration Fee)

TO BE COMPLETED BY CITY STAFF:

Permit Number: _____ Issued: _____ Expires: _____
Business Registration #: _____ Home Occupation Permit #: _____

TO BE COMPLETED BY APPLICANT:

PERSONAL INFORMATION

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

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

Home Phone : _____ Cell Phone : _____

Home Address: _____

City, State, Zip: _____

Driver's License # _____ State of California I.D. # _____

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

Date of Birth: _____ Place of Birth: _____

BUSINESS INFORMATION

Name of Business : _____

Name of Business Owner : _____

Business Phone Number : _____

Main office or site address where 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? If yes, please attach Internal Revenue Service (IRS) determination letter

BUSINESS ACTIVITY INFORMATION

What specific business activities will be conducted in Moorpark? _____

What type of services/merchandise is offered and sold? _____

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Where will you obtain your merchandise? _____

How will customers be contacted? _____

Name of company/source: _____

Street Address : _____

City, State, Zip : _____

Business Phone Number : _____

VEHICLES SPECIAL NOTE: Section 17.24.090(B) 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.

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

VEHICLE INFORMATION

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

Insurance Company Name: _____

Address: _____

Policy Number: _____

LEGAL BACKGROUND INFORMATION

Have you ever been convicted of any misdemeanor or felony? Yes No

Are you currently, or have you ever been on probation or parole? 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.

Are you currently, or have you ever been on probation or parole? Yes No

If yes, please explain why: _____

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Probation/Parole Officer's Name: _____ Phone #: _____

Address: _____

Have you ever had a Business License or Permit Revoked?	Yes	No
A. Is your Driver's License valid?	Yes	No
B. Is your Driver's License currently restricted?	Yes	No
C. Is your Driver's License currently suspended?	Yes	No

If you answered yes to B or C above, please provide complete details: _____

AGREEMENT TO ABIDE BY MOORPARK MUNICIPAL CODE PROVISIONS OR PERMIT CONDITIONS

I certify I understand and agree to comply with all the provisions and conditions of Chapter 5.64 of the Municipal Code, under which permits titled PEDDLERS, ITINERANT MERCHANTS, and SOLICITORS were issued to me and for which this application was submitted. I further agree at all times, to comply with all City of Moorpark Codes, Laws and Ordinances.

I understand that any violation of any conditions or provisions of this or any other sections of the Moorpark Municipal or Zoning Codes will result in revocation of this permit without prior notice and possible issuance of infraction / misdemeanor citations or arrest. I agree to surrender any and all permit(s) upon the legal and reasonable demand of Moorpark city staff. Finally, I understand that I will not receive any refund of fees related to revoked permits.

Applicant Name (Please print) Date

Applicant Signature

CITY STAFF TO COMPLETE

Staff Signature (Processing This Permit) : _____ Date : _____