



## Group Site Vendor Permit Check List

### New and Renewal Application Fees:

Administrative Fee: \$229 (001.00000.3385)

Background Check Fee: \$113 (001.21110.3910)

**Total: \$342.00 (non-refundable fee)**

(Plus business tax)

New Application       Renewal

### The following items must be submitted in person to the City of Fremont Revenue Division

- Completed Group Site Vendor Permit Application, including map, site plan for proposed location and maintenance plan.
- Completed Request for Live Scan Service form (for new applicants or as requested by Fremont Police Department).
- Two (2) passport-quality sized photographs showing full face view.
- Copy of a Driver’s License or Government-Issued ID
- Copy of General Liability Insurance with minimum coverage of \$1,000,000, combined single limit for bodily injury and property damage.
- Copy of Automobile Insurance with minimum coverage of \$500,000 combined single limit for bodily injury and property damage, for all participating vendors (*if applicable*).
- Copy of valid Health Permit issued by the appropriate agency, as required by local, state, or federal law, for all participating vendors (*if applicable*).
- Completed Business Tax Application or Renewal and payment of Business Tax, for all participating vendors (*Home Occupation Permit Application, if applicable*).
- Copy of Written Consent or Contract between the private property owner and the business owner/operator if business will be held at a specific location. Contract must include location of the restroom facility and the day(s) and hours of operation (Proof of ownership if property is owned by applicant).

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Business Tax #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



## Group Site Vendor Permit Application

### Applicant Information:

Business Owner / Operator Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Local Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Aliases: \_\_\_\_\_

Driver's License (if operating a mobile vehicle) or Government-Issued ID Number: \_\_\_\_\_

Social Security Number or TIN: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Will you be driving:  Yes  No

E-mail address: \_\_\_\_\_

The name, address, and telephone number of the organization or business entity which he/she proposes to represent as vendor or solicitor, with credentials establishing the exact relationship between the applicant and such employer or business entity:

Name: \_\_\_\_\_ Employment Status (W2 or 1099): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Vehicle Information

Number of motorized vehicles intended to be used for vending or soliciting: \_\_\_\_\_

Please provide the following information for your motorized vehicle(s):

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
<b>Make</b>				
<b>Model</b>				
<b>Year</b>				
<b>License Plate #</b>				
<b>Description of Vehicle</b>				

*Please attach additional form if needed.*



## Group Site Vendor Permit Application

### Business Information:

Please list the business names, employee names, and mailing address for each participating vendor under this Group Site Vendors Permit:

Legal & Business Name	Employee Name	Mailing Address	Employment Status

*Please attach additional form if needed.*

**\*Please notify the City of any vendor or solicitor changes one week prior to the vendor or solicitor selling or soliciting at the group site.**

Designated Manager(s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Provide description of the nature of business and of the food, goods, wares, merchandise, publications, or other personal property or services the goods or services to be vending or soliciting:

\_\_\_\_\_

\_\_\_\_\_

Will you be operating an open-air barbeque at this location:  Yes  No

If located in private property, please list the location of the restroom facility and any utility hook-ups or connections to be used (name, address):

\_\_\_\_\_

*A copy of an enforceable contract between the private property owner and the owner allowing the owner and the employees to utilize such facilities on the day(s) and hours of operation will be required.*



## Group Site Vendor Permit Application

### Location Information:

Provide the intended location address of where the vending or soliciting activities will take place:

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Days and hours of operation: \_\_\_\_\_

Address where the mobile vending vehicle(s) will be stored and serviced during non-operating hours:

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Please include the following information with your application:

1. A map or illustration, showing:
  - a) The proposed location(s)
  - b) The address and/or Assessor's Parcel Number of the location(s) for the group site or nearest parcel, and/or specific section of the public right-of-way in a designated parking space; and
  - c) The two (2) nearest street intersections.
2. A site plan for each proposed location, containing:
  - a) If on a parcel, the location and dimensions of all proposed mobile vending vehicle(s), any public seating or other site amenities (including chairs and tables), buildings or other structures on site, paved areas, driveways, trash and recycling receptacles, garages, restroom facilities, utility hook-ups or connections, parking spaces, maneuvering aisles, and pavement striping.
  - b) If in the public right-of-way, location and dimensions of the proposed mobile vending vehicle(s), sidewalks, curb cuts, trash and recycling receptacles, and obstructions such as parking meters, telecommunication boxes, street trees, and light poles.
3. Maintenance plan, including litter pickup and cleaning in the vicinity of the individual mobile vending vehicle or group site.





Finance Department | Revenue Division  
 39550 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006  
 (510) 494-4790 | [businessstax@fremont.gov](mailto:businessstax@fremont.gov) | [www.fremont.gov/businessstax](http://www.fremont.gov/businessstax)

## Vendors and Solicitors Employee Listing

Employee Name	Mailing Address	Date of Birth	Driver's License #	Telephone Number	Independent Contractor (1099) <i>(Check if applicable)</i>	W-2 <i>(Check if applicable &amp; provide proof)</i>	Business Tax #

**Business Name:** \_\_\_\_\_

**Business Owner/Operator Name:** \_\_\_\_\_ **Business Tax Number:** \_\_\_\_\_

*I certify that the information provided in this application is true, correct and complete, to the best of my knowledge. I understand that providing false information or omitting information will disqualify me from completion of the application process. I have also read, understand and will comply with the City of Fremont Chapter 5.35 Vendors and Solicitors Ordinance (Section 5.35.040 Regulations separate from business tax ordinance), and Chapter 5.05 Business Taxes (Section 5.05.330 Miscellaneous businesses).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date