



Vendors and Solicitors Permit Check List

New and Renewal Application Fees:

Administrative Fee: \$162 (001.00000.3385)

Background Check Fee: \$113 (001.21110.3910)

Total: \$275.00 (non-refundable fee)

(Plus business tax; and inspection fees, if applicable.)

Business Category (check one):

Non-Motorized

Motorized

Ice Cream Truck

New Application

Renewal

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

- Completed Vendors and Solicitors Permit Application
- 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 *(if applicable)*.
- Copy of valid Health Permit issued by the appropriate agency, as required by local, state or federal law *(if applicable)*.
- Completed Business Tax Application or Renewal and payment of Business Tax *(Home Occupation Permit Application, if applicable)*.
- Copy of Written Consent or Contract between the private property owner and the business owner, 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).
- Complete Vendors and Solicitors Employee Listing form and proof of employment status *(if applicable)*.
If the applicant is a minor under the age of sixteen (16) years old and employed, transported or supervised by another, the applicant must provide proof of registration with the State Labor Commission, pursuant to the California Code of Regulations Title 8, Section 13670 et seq (if applicable).

Received by: _____ Date: _____

Business Tax #: _____ Expiration Date: _____



Vendors and Solicitors 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: _____

Will you be driving: Yes No Cell Phone Number: _____

E-mail address: _____

Vehicle Information (if using a vehicle only)

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
Make				
Model				
Year				
License Plate #				
Description of Vehicle				

Please attach additional form if needed.



Vendors and Solicitors Permit Application

Business Information

Name of Business: _____ Telephone: _____

Business 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:

The name, address, and telephone number of employer of the 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: _____ Telephone: _____

Address: _____

Employment Status (W2 or 1099): _____ *(please attach proof)*

If the owner will employ other individuals to work on the mobile vending vehicle, please complete the Vendors and Solicitors Employee Listing form.

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

Days and Hours of Operation: _____

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.



Vendors and Solicitors Permit Application

Background Information:

Have you ever been convicted of any felony or misdemeanor involving injury to person(s) or property, theft, fraud, sex crime, misrepresentation, or moral turpitude within ten (10) years preceding the application date or a lifetime registration requirement: Yes No

If yes, list ALL dates of convictions and names of the courts involved below:

When: _____ What Crime: _____

When: _____ What Crime: _____

Has the business owner or operator failed to pay any judgment arising from or connected with the activities to be authorized by the permit? Yes No

Has the business owner or operator suffered revocation of any required permit? Yes No

A statement of whether the applicant has ever been convicted of a misdemeanor or been subject to court injunction arising out of his/her making or causing or directing to be made any untrue or misleading statement or has committed any other unlawful act in violation of any provision of Cal. Bus. & Prof. Code Division 7, Part 3, Chapter 1 (commencing with Section 17500). If the statement indicated the existence of any such conviction or court order, the applicant shall specify the date on which such event occurred, and the court involved. (Ord. 961 § 1, 9-25-73; amended during 2012 reformat. 1990 Code § 5-4108.)

Please attach additional form if needed.

Please read this carefully:

I agree to indemnify and hold harmless the City, its officers, employees, and elected officials from any, and all damages or injury to persons or property proximately caused by the act or neglect of the applicant or by hazardous or negligent conditions maintained at the applicant's vending location. 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 and Chapter 5.05 Business Taxes (Section 5.05.330 Miscellaneous businesses).

Signature *Print Name* *Date*



Finance Department | Revenue Division
 39550 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006
 (510) 494-4790 | businessstax@fremont.gov | 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 & 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