



Street Vendor Application

Type of Application

New

Business Ownership Information

<input type="checkbox"/> Sole Ownership	Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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Business Location Information

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Applicant's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Applicant's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner Identifying Information **NA**

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Business Partner Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Partner's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Corporation Information **NA**

Name of Corporation:	
Date of Incorporation:	
Name of the Registered Corporate Agent:	
Address of the Registered Office for service of process:	
Names and Capacity of all Officers and Directors	
Name:	Capacity:

Employee or Independent Contractor Information
(Use additional pages if necessary)

Name	Address	Phone	Position

Description of Business

Description:		
Number of Carts::		
Days of Operation:		Hours of Operation:
Items to be Sold		
Item:	Item:	
Locations of Carts		
Address:	Address:	Address:

New Application Fingerprinting Information (not for Renewals)

Street Vendor applicants must be fingerprinted. Read the “Request for Livescan Instruction Sheet.” Once you have completed your fingerprint appointment, notify the Permits office (866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

New Application Attachment Checklist (not for Renewals)

- Fingerprint application and copy of receipt.
- If it is a partnership, a copy of the partnership agreement and whether or not it is general or limited.
- If it is a corporation, evidence that it is in good standing under the laws of California.
- If the applicant intends to operate the business under a name other than that of the applicant, proof of registration of the fictitious name.

Signature & Verification

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this license application is grounds for denial, suspension, or revocation of an adult oriented business permit.
- I certify that all information contained in this application is complete and accurate.

Signature: _____ Date: _____

Signature: _____ Date: _____

Turning in the New Application (not for Renewals)

Contact the Permits office for an appointment at 408-866-2188. Bring with you the completed application, the fingerprint appointment form (and receipt), and the Police Department Application Fee. Once the application is approved, a City Council Report will be prepared for an upcoming City Council meeting. Once the City Council renders a decision on your application, you will be contacted with the results. Provide the address to which the notice of action on the application is to be mailed:

Name: _____

Address: _____

City/State/Zip: _____

**Street Vendor Applications to the Police Department are accepted by
Appointment Only
408-866-2188**

FOR CAMPBELL PD INTERNAL USE ONLY

Application Received	Fingerprints Cleared	Police Approval	City Council Meeting	Application Granted	Application Denied	Permit Issued
_____ Date	_____ Date	_____ Date				
_____ Name	_____ Name	_____ Name	_____ Date	_____ Date	_____ Date	_____ Date