



# Mobile Vending Vehicle Permit Application – Form A

Community Development Department | Code Enforcement Division

300 E. Chapman Ave. | Orange, CA 92866 | (714) 744-7244

New Application  Renewal Application

## PART 1 – APPLICANT INFORMATION

Use as Primary Mailing Address

**A. Title:**  Sole Owner  President  CFO or CEO  Agent of Business  
 Co-Owner  Officer  Corporation  Partnership

**B. First and Last Name:** \_\_\_\_\_ **C. Date of Birth:** \_\_\_\_\_

**D. Form of Identification** (select one and include a copy):

- Driver License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- ID Card #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Passport #: \_\_\_\_\_ Country of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Individual Tax Payer Identification #: \_\_\_\_\_
- Other Government Identification #: \_\_\_\_\_ Country of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Social Security Card #: \_\_\_\_\_

**E. Home Address:** \_\_\_\_\_

Street Number

Street Name

City

State

Zip Code

**F. Phone Number:** \_\_\_\_\_

**G. Email Address:** \_\_\_\_\_

## PART 2 – BUSINESS INFORMATION

**A. Business Name:** \_\_\_\_\_

**B. Business Address:** \_\_\_\_\_

Street Number

Street Name

City

State

Zip Code

**C. Phone Number:** \_\_\_\_\_

**D. Email Address:** \_\_\_\_\_

**PART 3 - If you are not the business owner, please complete Form B "Addendum for Business Owner".**

**PART 4 - If you have employee(s), please complete Form C "Addendum for Employee".**

## PART 5 – ATTACHMENTS:

**A. California Seller's Permit Number:** \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Copy Attached

**B. City Business License Number:** \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Copy Attached

**C. Name of Vehicle Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Copy Attached



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## PART 6 – APPLICANT'S BACKGROUND INFORMATION WITHIN LAST 5 YEARS

A. Have you ever been arrested because of an alleged violation of law or ordinance?  Yes  No

B. Have you ever been convicted by a court of law for either a misdemeanor or felony?  Yes  No

C. If you have answered yes to any of the questions above, please describe in detail below (giving date(s) and location(s): Attached additional sheets as necessary to this application. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART 7 – TYPE OF VENDING PERMIT OPERATION (SELECT ALL THAT APPLY)

OPTION 1: MOBILE VENDING AT SPECIFIC LOCATION OR ADDRESS

OPTION 2: MOBILE VENDING -- ROAMING AREA(S)/ROUTE (ATTACH MAP OR DRAWING)

OPTION 3: MOBILE VENDING AT ACTIVE CONSTRUCTION SITES

OPTION 4: MOBILE VENDING ON PRIVATE PROPERTY       OPTION 5: PRIVATE CATERED EVENT

## PART 8 – TYPE OF VENDING ITEMS OFFERED FOR SALE

SELECTION 1: FOOD

A. Orange County Health Care Agency's Environmental Health Division: Food Facility Health Permit Approval

Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Copy Attached

B. Description of food for sale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Where the food will be prepared: \_\_\_\_\_

SELECTION 2: MERCHANDISE

A. Description of Merchandise for Sale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SELECTION 3: BOTH FOOD AND MERCHANDISE (COMPLETE INFORMATION ABOVE)



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## PART 9 – DETAILS OF MOBILE VEHICLE

) scription of \_\_\_\_\_ :  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Attach copy of vehicle registration

Model: \_\_\_\_\_

Attach photos of vehicle

Year: \_\_\_\_\_

Body Type: \_\_\_\_\_

License Plate: \_\_\_\_\_

VIN: \_\_\_\_\_

### Days and Hours of Operation:

Monday – Hours: \_\_\_\_\_  Tuesday – Hours: \_\_\_\_\_  Wednesday – Hours: \_\_\_\_\_

Thursday – Hours: \_\_\_\_\_  Friday – Hours: \_\_\_\_\_

Saturday – Hours: \_\_\_\_\_  Sunday – Hours: \_\_\_\_\_

**Maintenance plan that includes litter pickup and food waste disposal:** Description of plan:

\_\_\_\_\_  
\_\_\_\_\_

- Other Requests:**
- Shade structure request for mobile trailers only. Please complete Form D.
  - Generator request. Please complete Form D.
  - Portable cooking equipment or heating element request. Please complete Form D.
  - Portable signs request. Please complete Form D.

**PART 10 ACKNOWLEDGEMENTS**

I understand the acknowledgment and agreement and have read and agree to abide by the following:  
(Initials Needed)

\_\_\_\_\_ I will comply with all other generally applicable local, state, and federal laws.

\_\_\_\_\_ I agree to defend, indemnify, release and hold harmless the City, its City Council, boards, commissions, officers and employees from and against any and all claims, demands, obligations, damages, actions, causes of action, suits, losses, judgments, fines, penalties, liabilities, costs and expenses (including without limitation, attorney's fees, disbursements and court costs) of every kind and nature whatsoever which may arise from or in any manner relate (directly or indirectly) to the permit or the vendor' mobile vending activities. This indemnification shall include, but not be limited to, damages awarded against the City, if any, costs of suit, attorneys' fees, and other expenses incurred in connection with such claim, action, or proceeding whether incurred by the permittee or City .

\_\_\_\_\_ Use of public property is at my own risk and that the City does not take any steps to ensure public property is safe or conducive to the mobile vending activities.

Please read the full conditions, restrictions, operating requirements and prohibited activities listed in Chapters 5.53.140, 5.53.150, 5.53.160, 5.53.170 and 5.53.180. Please ensure that you understand all the Chapters listed above and have read and agree to abide by them.

I, THE UNDERSIGNED, ACKNOWLEDGE AND UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLYING WITH THE INFORMATION, RESTRICTIONS, AND CONDITIONS OF THE MOBILE VENDING VEHICLE PERMIT WHEN ISSUED. I HAVE READ AND ACKNOWLEDGE THE PROVISIONS OF CHAPTER 5.53 OF THE ORANGE MUNICIPAL CODE, AND HEREBY ACKNOWLEDGE RESPONSIBILITY FOR PENALTIES ASSOCIATED WITH NON-COMPLIANCE WITH THE PERMIT CONDITIONS, WHETHER OR NOT I AM PRESENT AT THE TIME OF THE VIOLATION.

\_\_\_\_\_ INITIALS

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I have read and understand the provisions, rules and regulations of the City of Orange, California and the Municipal Code governing the type of vending permit for which I am applying. I declare, under penalty of perjury, that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of permit.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			N/			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y / N N / A			WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Orange, and its officers and employees shall be named as an additional insured. 30 days advance written notice to the City of Orange required for termination or cancellation of this policy.

**CERTIFICATE HOLDER****CANCELLATION**

City of Orange Attn: Code Enforcement 300 E. Chapman Avenue, Orange, CA 92866	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
City of Orange 300 E Chapman Avenue Orange, CA 92866
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.