



# \*VENDING PERMIT APPLICATION

\*Excluding sidewalk vending (see separate application for sidewalk vending)

CITY OF SAN JUAN CAPISTRANO  
 32400 PASEO ADELANTO  
 SAN JUAN CAPISTRANO, CA 92675  
 949-493-1515 | WWW.SANJUANCAPISTRANO.ORG

APPLICATIONS ARE ACCEPTED IN PERSON, BY MAIL, OR BY EMAIL.  
 MON. - THUR. 7:30AM-5:30PM  
 FRIDAY 7:30AM-4:30PM  
 buslic@sanjuancapistrano.org

## SECTION A - BUSINESS INFORMATION

Business Name/DBA:			
Business Phone No.:		Email Address:	
Today's Date:		Business Start Date:	
Type of Ownership:	Corporation	LLC	Partnership
Sole Proprietor			
Business Address:		City:	Sate:
			ZIP:
Mailing Address:		City:	Sate:
			ZIP:
Description of Goods:			
FEIN:	State employer ID:	Seller's Permit No.:	
Days/Hours of Sales:			

## SECTION B - OWNER, EMPLOYEES, & VEHICLES

Owner Name:			Phone:
SSN (Sole Prop. Only):		Driver's Lic. No:	Email:
Home Address:		City:	Sate:
			ZIP:
Employee Name:		Driver's Lic. No:	
Address:			
Employee Name:		Driver's Lic. No:	
Address:			
Employee Name:		Driver's Lic. No:	
Address:			
Vehicle Make:	Model:	Year:	Lic.
Registered Owner:		No. of Employees:	
Vehicle Make:	Model:	Year:	Lic.
Registered Owner:		No. of Employees:	

**SECTION D - ADDITIONAL DOCUMENTS CHECKLIST**

**The following documents must be submitted with this application:**

A certificate of liability insurance which names the City of San Juan Capistrano as the certificate holder

A copy of the OC Health Permit issued by the Orange County Health Care Agency

Completed fingerprint appointments and Live Scan documents for all owners and employees

**SECTION C - ACKNOWLEDGMENT**

I certify that the above information is correct and that I understand the provisions set forth in the Municipal Code.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_