



*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
 949-487-4300 | WWW.SANJUANCAPISTRANO.ORG

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