



**County of Sacramento**  
**Department of Finance, Tax Collection and Licensing**

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## SIDEWALK VENDING APPLICATION

**Office Use Only**

ID Verified     Stationary     Roaming

Mail/Counter Rec'd By/Date \_\_\_\_\_ Processed By/Date \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Check # \_\_\_\_\_

**PLEASE PRINT CLEARLY AND COMPLETE EACH QUESTION**

<b>Ownership Type:</b> <input type="checkbox"/> Sole <input type="checkbox"/> Married Couple <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC					
<input type="checkbox"/> <b>Honorably Discharged/Released Veteran?</b> If so, you may qualify for a fee waiver if you are a sole proprietor or married couple. Ask for a Claim for Veteran's Waiver form. (Corporations/LLC'S do not qualify for the fee waiver)					
<b>Vendor Name (First, MI, Last)</b>			<input type="checkbox"/> <b>Owner of Business</b> <input type="checkbox"/> <b>Employee</b> (Choose one)		
<b>Home or mailing address – Street number and Street Name</b>			<b>City, State, Zip</b>		
<b>Phone number</b>		<b>Email address</b>			
<b>Business Name</b>					
<b>Business owner's name (if different from Vendor name) OR Entity Name if Corporation/ LLC:</b> <b>Entity Address (if different from home or mailing address):</b>					
<b>Additional Owner names OR Corporate Officer(s)/ Corporate Officer, Title(s) and address</b>				<b>Phone number</b>	<b>Email address</b>
<input type="checkbox"/> Food* <input type="checkbox"/> Merchandise    *If selling food, you must attach a copy of your EMD Health Permit					
<b>Describe business activities/what are you selling:</b>					
<input type="checkbox"/> Stationary <input type="checkbox"/> Roaming					
<b>I acknowledge I have received a copy of Sacramento County Code (SCC) Chapter 4.55, Sidewalk Vendor Business License. I understand the contents of this ordinance and by signing, accept the duties, responsibilities, and requirements pursuant to SCC Chapter 4.55 placed on me as the Vendor.</b>					
<b>APPLICATION FEES ARE NON-REFUNDABLE.</b>					
<b>I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT:</b>					
<b>PRINT APPLICANT'S NAME</b>					
<b>APPLICANT'S SIGNATURE</b>			<b>DATE</b>		
<b>PREPARER'S NAME</b>			<b>PREPARER'S PHONE NUMBER</b>		