



County of Sacramento
Department of Finance, Tax Collection and Licensing
700 H Street, Room 1710, Sacramento, CA 95814
phone (916) 874-6644 • finance.saccounty.gov

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

Ownership Type: <input type="checkbox"/> Sole <input type="checkbox"/> Married Couple <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
<input type="checkbox"/> Honorably Discharged/Released Veteran? 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)	
Vendor Name (First, MI, Last)	<input type="checkbox"/> Owner of Business <input type="checkbox"/> Employee (Choose one)
Home or mailing address – Street number and Street Name	City, State, Zip
Phone number	Email address
Business Name	
Business owner's name (if different from Vendor name) <u>OR</u> Entity Name if Corporation/ LLC: Entity Address (if different from home or mailing address):	
Additional Owner names OR Corporate Officer(s)/ Corporate Officer, Title(s) and address	Phone number Email address
<input type="checkbox"/> Food* <input type="checkbox"/> Merchandise *If selling food, you must attach a copy of your EMD Health Permit	
Describe business activities/what are you selling:	
<input type="checkbox"/> Stationary <input type="checkbox"/> Roaming	
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.	
APPLICATION FEES ARE NON-REFUNDABLE.	
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT:	
PRINT APPLICANT'S NAME	
APPLICANT'S SIGNATURE	DATE
PREPARER'S NAME	PREPARER'S PHONE NUMBER