



SIDEWALK VENDING PERMIT APPLICATION

\$258.00 application fee due upon submittal
Make check payable to City of Ripon

For Official Use Only

SV# _____ Fee _____

Approval _____

Date _____

APPLICATION MAY BE DENIED IF ALL REQUIRED INFORMATION IS NOT COMPLETE
 _____ **ROAMING VENDOR** _____ **STATIONARY VENDOR**

APPLICANT INFORMATION

Primary Contact Name: _____ Email: _____

Business Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone: _____ Emergency Contact Phone: _____

RESPONSIBLE PARTY INFORMATION: ___ if information same as applicant information above

Primary Contact Name: _____ Email: _____

Business Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone: _____ Emergency Contact Phone: _____

EMPLOYEES – Attach additional sheets if necessary.

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:

VENDING ACTIVITY

I HAVE ATTACHED MY VALID SELLER’S PERMIT FROM THE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (CDTFA) WITH PROOF OF RIPON REGISTRATION. _____ Initials

What is being sold: ___ Food ___ Merchandise ___ Both
 ___ I have attached proof of prior sales tax allocation to the City of Ripon.
 ___ I have not had any prior sales in the City of Ripon.

If food is being sold: Are foods prepared on-site? ___ Yes ___ No

Type of Foods(s): _____

Do foods require heating element inside or on sidewalk vending receptacle for preparation? ___ Yes ___ No

If yes, describe type of heating element: _____

Please attach San Joaquin County Health Department Permit. _____ Initials

If merchandise is being sold, describe merchandise: _____

The application fee is non-refundable. Please allow 30 days for processing.

No. of Sidewalk Vending Locations:	No. of Trash Containers:
No. of Sidewalk Vending Receptacles:	Size of Containers:
Receptacle Dimensions	Length _____ Width _____ Height _____

Attach a photograph of receptacle and affixed signage.

List locations below and complete the designated location request. *Attach additional sheets if necessary*

TO BE COMPLETED BY STATIONARY VENDORS:

Location/Address of Sidewalk Vending Activity	Days & Hours of Operation

TO BE COMPLETED BY ROAMING VENDORS:

Roaming and Intended Path of Travel	Days & Hours of Operation

AGREEMENTS

I, THE UNDERSIGNED, ACKNOWLEDGE AND UNDERSTAND THAT I AM RESPONSIBLE TO COMPLY WITH THE INFORMATION, RESTRICTIONS, AND CONDITIONS OF THE PERMIT WHEN ISSUED. I HAVE READ AND ACKNOWLEDGE THE PROVISIONS OF CHAPTER 5.56 OF THE RIPON 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

I, THE UNDERSIGNED, ACKNOWLEDGE AND UNDERSTAND THAT USE OF PUBLIC PROPERTY IS AT THE SIDEWALK VENDOR'S OWN RISK, THE CITY DOES NOT TAKE ANY STEPS TO ENSURE PUBLIC PROPERTY IS SAFE OR CONDUCTIVE TO THE SIDEWALK VENDING ACTIVITIES, THE SIDEWALK VENDOR USES PUBLIC PROPERTY AT THEIR OWN RISK, AND I WILL OBTAIN AND MAINTAIN THROUGHOUT THE DURATION OF ANY PERMIT ISSUED UNDER THIS CHAPTER, ANY INSURANCE REQUIRED BY THE CITY.

I HEREBY CERTIFY THAT I WILL COMPLY WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO MAKE THIS STATEMENT AND THE FOREGOING STATEMENTS TO BE TRUE AND CORRECT, AND AGREE TO DEFEND, INDEMNIFY, RELEASE AND HOLD HARMLESS THE CITY OF RIPON, IT CITY COUNCIL, BOARDS, COMMISSIONS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS 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, ATTORNEYS' 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'S SIDEWALK 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, CITY, AND/OR THE PARTIES INITIATING OR BRINGING SUCH PROCEEDING. I ALSO AGREE, IF APPROVED, TO COMPLY WITH ALL PERMIT CONDITIONS, AND UNDERSTAND THAT FAILURE TO COMPLY WITH ANY CONDITION OR ANY VIOLATION OF LAW MAY RESULT IN THE IMMEDIATE REVOCATION OF THE PERMIT.

Print Name:	Signature:	Date:
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FOR OFFICE USE ONLY

INITIAL	APPROVAL	RENEWAL ONLY
___Diagrams/Images	___Location	___Proof of prior sales tax
___CDTFA	___Insurance	
___Health Permit	___Receptacle	
___Declaration Initials	___Residential	
Insurance: ___ Liability ___ Additional Insured Endorsement ___ Workers Compensation/Waiver of Subrogation		
		Received: _____
		Staff: _____

**DESIGNATED LOCATION REQUEST
SIDEWALK VENDING
TO BE COMPLETED BY STATIONARY VENDORS**

Using the space below, draw a detailed diagram of the exact location(s) you desire to use for Sidewalk Vending purposes. Or, you may include a map viewer image (eg: google). Include exact measurements of the distance between the cart and easily identifiable points, so the exact location can be identified without further explanation. *Note: State Law restricts City staff from identifying or assisting with site selection.*

LOCATION 1

LOCATION 2

LOCATION 3