CITY OF CAPITOLA

APPLICATION FOR SIDEWALK VENDING PERMIT

Application Fee: $75 **Permit Fee $150**

Applicant Name: _____

DBA: _____

Mailing Address: _____

_____

_____

Business Phone: _____

Requested Location: _____

Roving _____ or Fixed_____

Hours of Operation: _____

Description of Services: _____

_____

_____

*Attach Applicable, Menus, Product List, Price list

**Attach Picture of Cart, Apparatus and/or all Equipment

Location:

Signage: Attach Picture or Description

Evidence of Insurance _____

Business License Number: _____

License for Sanitary Facilities _____

_____

Applicant Signature: _____ Date: _____

Instructions: This form should be completed in full and returned to the Community Development Director's Office.