

# Vending Permit Application Form

Lincoln Municipal Code 5.24.020



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This vending permit application must be accompanied by the following:

- Valid identification, such as a State of California identification, or any other government-issued identification card (a photocopy is acceptable).
- Certificate of insurance showing the applicant has in effect public liability insurance for bodily injury in the amount of \$100,000.00 for each person and \$300,000.00 for each accident, and \$20,000.00 for property damage.
- Proof of workers' compensation insurance, if applicable.
- Business license.
- \$169 application fee. (Annual renewal is \$85.)
- A statement regarding the hours per day and days per week during which vending is proposed to be conducted.
- A complete list of the food or merchandise proposed to be sold or exchanged.
  - If selling food, a certificate of completion of a food handler course.
  - If selling food, evidence the cart/display has been approved by the Placer County Health Department.

**For mobile vendors**, this application must also be accompanied by the following:

- A photograph of the cart to be used for vending.
- If vending is proposed in a residential zone, a description or sketch of the route the vendor will travel.

**For stationary vendors**, this application must also be accompanied by the following:

- A description of the proposed location, marked by major cross streets, and whether the north, south, east or west side of the street, and a photograph or sketch of the location.

I have read and understand Lincoln Municipal Code Chapter 5.24 regarding street vendors, and agree to vend in compliance with the terms and conditions of the Lincoln Municipal Code and the permit, if issued. This permit must be renewed annually before expiration.

To the greatest extent allowed by law, I agree to defend and indemnify the City of Lincoln from any and all claims for injury or damages that arise from my vending activity.

I declare under penalty of perjury that the information provided with this application is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

**RETURN THIS APPLICATION FORM AND ALL REQUIRED DOCUMENTS TO:  
CITY OF LINCOLN CODE ENFORCEMENT DIVISION, CITY HALL, 600 6TH STREET, LINCOLN, CA 95648**