



SIDEWALK VENDING PERMIT APPLICATION

Prior to engaging in the business of vending on a sidewalk, prospective vendors must file an application for a permit, along with a non-refundable processing fee of \$246.10, at least 30 days prior to the date requested for issuance of the permit. The permit will expire on the 31st of December the year of permit issuance.

Please provide your application via the City's online submittal portal, available at irvineready.com. If you have any questions about Sidewalk Vending regulations, please call the Development Assistance Center at 949-724-6308.

APPLICANT INFORMATION

CONTACT NAME		BUSINESS NAME	
<input type="checkbox"/> BUSINESS or <input type="checkbox"/> PERSONAL ADDRESS*		SUITE	PHONE*
CITY	STATE	ZIP	EMAIL*

RESPONSIBLE PARTY SAME AS APPLICANT INFORMATION ABOVE

CONTACT NAME		BUSINESS NAME	
<input type="checkbox"/> BUSINESS or <input type="checkbox"/> PERSONAL ADDRESS*		SUITE	PHONE*
CITY	STATE	ZIP	EMAIL*

EMPLOYEE INFORMATION (Attach additional sheets if necessary)

NAME			NAME		
1.			2.		
<input type="checkbox"/> BUSINESS or <input type="checkbox"/> PERSONAL ADDRESS*		SUITE	<input type="checkbox"/> BUSINESS or <input type="checkbox"/> PERSONAL ADDRESS*		SUITE
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE*			PHONE*		

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VENDING ACTIVITY

VENDOR TYPE	ITEMS SOLD	
<input type="checkbox"/> STATIONARY VENDOR <input type="checkbox"/> ROAMING VENDOR	<input type="checkbox"/> FOOD <input type="checkbox"/> MERCHANDISE <input type="checkbox"/> BOTH	<input type="checkbox"/> I have attached proof of prior sales tax allocation to the City of Irvine. <input type="checkbox"/> I have not had any prior sales in the City of Irvine.

IF FOOD IS BEING SOLD, COMPLETE THE FOLLOWING:

1. Are foods prepared onsite? YES NO

Describe type(s) of food:

2. Does food require heating element? YES NO

If YES, describe heating element:

I have attached my Orange County Health Department Permit. _____
INITIALS

IF MERCHANDISE IS BEING SOLD, DESCRIBE MERCHANDISE:

NO. OF SIDEWALK LOCATIONS		NO. OF SIDEWALK VENDING RECEPTACLES		
NO. OF TRASH CONTAINERS	CONTAINER SIZE	RECEPTACLE SIZE		
		LENGTH	WIDTH	HEIGHT

VENDING LOCATIONS

ATTACH PHOTOGRAPH OF RECEPTACLE AND AFFIXED SIGNAGE. LIST LOCATIONS AND COMPLETE DESIGNATED LOCATION REQUEST (Attach additional sheets if necessary)

STATIONARY VENDORS	
LOCATION/ADDRESS OF SIDEWALK VENDING ACTIVITIES	DAYS AND HOURS OF OPERATION
ROAMING VENDORS	
ROAMING AND INTENDED PATH OF TRAVEL	DAYS AND HOURS OF OPERATION

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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 2-10-14 of the Irvine 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 conducive 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.

The applicant shall maintain a Commercial General Liability Policy with limits of liability not less than \$1,000,000 per occurrence and the policy shall be endorsed to name the City of Irvine and its employees, representatives, officers, and agents (collectively hereinafter "City and City Personnel") as additional insured. This insurance is primary and non-contributing with any other valid and collectible insurance or self-insurance available to the City.

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 Irvine, its City Council, Boards, Commissions, Officer, Agents, Employees, and Volunteers from and against any and all claims, demands, obligations, damages, actions, causes of action, suits, losses, judgements, fines, penalties, liabilities, costs, and expenses (including, without limitation, attorneys' fees, disbursements, and court costs) or 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 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 proceedings. 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

FOR OFFICE USE ONLY

STAFF REVIEW: CASE NUMBER _____ -PETC PERMIT EXPIRATION DATE _____

CD PLANNING STAFF SIGNATURE _____ DATE _____

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CERTIFICATE OF INSURANCE SAMPLE

CERTIFICATE OF INSURANCE		005550	DATE (MM/DD/YY) 07/03/2002	
PRODUCER: UNIFORM INSURANCE COMPANY P.O. Box 12345 Any city, Any state 12345-6789	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED:	COMPANIES PROVIDING COVERAGE			
	COMPANY A			
	COMPANY B			
	COMPANY C			
	COMPANY D			
COVERAGES: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN TO ALL POLICIES, TERMS, EXCLUSIONS, AND CONDITIONS OF BOTH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER & CCNT PROT <input type="checkbox"/> LIABILITY ARISING OUT OF ATHLETIC PARTICIPATION	ABC 1234 567	07/03/2002	07/03/2003	PRODUCTS COMP OF AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE \$ 50,000 MEDICAL \$ 5,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per inc) \$ PROPERTY DAMAGE \$
DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	ABC1234	07/03/2002	07/03/2003	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
WORKER'S COMPENSATION EMPLOYERS' LIABILITY				<input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
OTHER				
POSITION OF OPERATIONS/LOCATIONS/SPECIAL EVENTS: IRVINE MARATHON		DATE: 07/03/2002		SANC: #1234
Certificate holder		Event insured for this sanctioned event		
CITY OF IRVINE AND ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND REPRESENTATIVES ONE CIVIC CENTER PLAZA P.O. BOX 19575 IRVINE, CALIFORNIA 92623-9575		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AS CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT		
		AUTHORIZED REPRESENTATIVE UNIFORM INSURANCE COMPANY		

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ADDITIONAL INSURED POLICY ENDORSEMENT SAMPLE

INSURANCE SERVICES OFFICE, INC.

P.O. BOX 12345

Any City, Any State 12345-6789

(555) 555-5555

POLICY NUMBER: 12345-67890
GENERAL LIABILITY

COMMERCIAL

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section I) is amended to include as an insured the person or organization shown in the schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

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