



CITY OF NEWPORT BEACH

REVENUE DIVISION
100 CIVIC CENTER DRIVE • P.O. BOX 1768 • NEWPORT BEACH, CA 92658-8915
(949) 644-3141

RevenueHelp@newportbeachca.gov • http://www.newportbeachca.gov/Revenue

SIDEWALK VENDING PERMIT APPLICATION

\$183.00 application fee due upon submittal.

Make check payable to City of Newport Beach

OFFICE USE ONLY

Permit Number

Master ID

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

[ ] 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.

Table with 2 columns and 4 rows for employee information: Name, Address, City, State, Zip, Phone #.

VENDING ACTIVITY

I HAVE ATTACHED MY VALID SELLER'S PERMIT FROM THE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (CDTFA) WITH PROOF OF NEWPORT BEACH REGISTRATION. \_\_\_\_\_ initials

What is being sold: [ ] Food [ ] Merchandise [ ] Both

[ ] I have attached proof of prior sales tax allocation to the City of Newport Beach.

[ ] I have not had any prior sales in the City of Newport Beach.

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

Types of Food(s): \_\_\_\_\_

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

If yes, describe type of heating element: \_\_\_\_\_

I have attached my Orange 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 Activities:	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 5.97 OF THE NEWPORT BEACH 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.

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 NEWPORT BEACH, ITS 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		
<b>INITIAL</b> <input type="checkbox"/> Diagrams/Images <input type="checkbox"/> CDTFA (Newport Beach) <input type="checkbox"/> Health Permit <input type="checkbox"/> Declaration Initials <input type="checkbox"/> Insurance <input type="checkbox"/> Liability <input type="checkbox"/> Additional Insured Endorsement <input type="checkbox"/> Workers’ Compensation/ Waiver of Subrogation	<b>APPROVAL</b> <input type="checkbox"/> Location <input type="checkbox"/> Insurance <input type="checkbox"/> Receptacle <input type="checkbox"/> Residential	<b>RENEWAL ONLY</b> <input type="checkbox"/> Proof of prior sales tax
		Rec’d: _____ Staff: _____



# DESIGNATED LOCATION REQUEST

## SIDEWALK VENDING

### TO BE COMPLETED BY STATIONARY VENDORS

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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 NB GIS). 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	
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LOCATION 2	
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LOCATION 3	
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