CITY OF MOUNTAIN VIEW ATTN: MOBILE VENDING PERMIT POST OFFICE BOX 7540 MOUNTAIN VIEW, CA 94039-7540 finance@mountainview.gov



APPLICATION MOBILE VENDING

This application must be filed with the Finance and Administrative Services Department prior to the commencement of mobile vending

REQUIRED TO APPLY: Attach to the application that brillowing: Attach to the application that brill insurance. Attach proof of Commercial General Liability insurance in a minimum amount of \$2,000,000 and Automobile Liability insurance in a minimum amount of \$1,000,000. Your proof of Liability insurance must include the owner's name, location of the business, and list the City of Mountain View; its Council, business, officers, employees, volunteers, and agents as additional insureds. You must provide a copy of the declarations or information pages of the insurance policies. The Cry will not accept additional insured end conservents contingent on a contract. Proof of Workers' Compensation Insurance (California Statutory amount)(if applicable)—Attach proof of Workers' Compensation insurance, if required to carry, and a copy of the declarations or information pages of the policy. Applicant's Name: First Middle Last Middle Last NOTICE: Lunderstand that I must be available for the duration of this vending operation, either on-site or by telephone, and that I am fully responsible for this vending operation. Applicant's Telephone Number Applicant's Initials Applicant's Telephone Number Applicant's City Business License No. Applicant's Retail Sales Tax License No. Business Name Applicant is Employed By Business Telephone Number Applicant is Employed By Business Address City William Applicant is Employed By Business Address City William Applicant is Employee or Agent to be Constacted (Optional) Contact Person's Address City State Zip Contact Person's Address City State Zip Contact Person's Address Zip Non North Mountain View? State Zip Date Business Started (in Mountain View) Description of Goods, Wares, Services, etc. layer read and agree to comply with Chapter 15, Article II, of the Mountain View City Code regarding Mobile Vendors and agree to Mountain View City Code regarding Mobile Vendors and agree to Mountain View City Code regarding Mobile Vendors and agree to Mountain View City Code regarding M	***IF FILLING OUT BY HAND, <u>PLEASE PRINT</u> ***								
Proof of Liability Insurance —Attach proof of Commercial General Liability Insurance in a minimum amount of \$2,00,000 and more proof of Liability Insurance in a minimum amount of \$2,00,000 and proof of Liability Insurance in a minimum amount of \$2,00,000 and proof of Liability Insurance in a minimum amount of \$2,00,000 and proof of Liability Insurance in proof of Liability Insurance and proof of Liability Insurance and proof of Liability Insurance proof of Liability Insurance proof of Workers' compensation insured ed. (California Statutory amount)(if applicable)—Attach proof of Workers' Compensation insurance, if required to carry, and a copy of the declarations or information page of the policy.	REQUIRED TO APPLY:								
Automobile Liability insurance in a minimum amount of \$1,000,0000. Your proof of Liability insurance must include the owner's name, location of the business, and list the City of Mountain View, its Council, boards, commissions, officers, employees, volunteers, and agents as additional insured endorsements contingent on a contract. Proof of Workers' Compensation Insurance (california Statutory amount)(if applicable)—Attach proof of Workers' Compensation insurance, if required to carry, and a copy of the declarations or information page of the policy. Applicant's Name: First	Attach to the application the following:								
insurance, if required to carry, and a copy of the declarations or information page of the policy. A copy of your Santa Clara County-issued Health Permit (applicable only to Mobile Food Vendors). Applicant's Name: First Middle Last NOTICE: I understand that I must be available for the duration of this vending operation. Applicant's Initials Applicant's Home Address City State Zip Applicant's State Supplicant's Free Injury of Mountain View? State Supplicant's State Supplicant's State Supplicant's Retail Sales Tax License No. Applicant's City State Zip Applicant's Retail Sales Tax License No. Business Name Applicant Is Employed By (fopplicable) Business Name Applicant Is Employed By (fopplicable) Business Address City State Zip Contact Person (Designated Employee or Agent to be Contacted) (Optional) Contact Person (Designated Employee or Agent to be Contacted) (Optional) Contact Person's Address City State Zip Contact Person's Address Zip Has your designated employee or agent ever been Issued a vendor's permit by Inf Ves, when? Date Business Started (in Mountain View) Description of Goods, Wares, Services, etc. I have read and agree to comply with Chapter 15, Article II, of the Mountain View City Code regarding Mobile Vendors and agree to comply with all applicable State and Federal laws. Signature	Automobile Liability insurance in a minimum amount of \$1,000,000. Your proof of Liability insurance must include the owner's name, location of the business, and list the City of Mountain View, its Council, boards, commissions, officers, employees, volunteers, and agents as additional insureds. You must provide a copy of the declarations or information pages of the insurance policies. The City								
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Applicant's Home Address City State Zip	Applicant's Name: First	Middle			•				
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Applicant's Telephone Number Applicant's City Business License No. Applicant's Retail Sales Tax License No. Business Name Applicant Is Employed By (If applicable) Business Telephone City of Mountain View? Yes No If Yes, when? Business Address City State Zip Contact Person's Address City State Zip Contact Person's Phone No. Contact Person's Phone No. Contact Person's Address City State Zip Location of Storage¹ (For Any Vehicle Or Other Mobile Unit When Not In Use) If Yes, when? Date Business Started (in Mountain View) Description of Goods, Wares, Services, etc. I have read and agree to comply with Chapter 15, Article II, of the Mountain View City Code regarding Mobile Vendors and agree to comply with all applicable State and Federal laws. Signature Date Date Printed Name Under State law, I am not required to obtain Workers' Compensation insurance. I agree to notify the City of Mountain View should I hire employees and/or become subject to Workers' Compensation requirements under State law.	Applicant's Initials								
Business Name Applicant Is Employed By (If applicable) Business Address City State Zip Contact Person (Designated Employee or Agent to be Contacted) (Optional) Contact Person's Address City State Zip Contact Person's Phone No. Contact Person's Address City State Zip Location of Storage¹ (For Any Vehicle Or Other Mobile Unit When Not in Use) If Yes, when? Date Business Started (in Mountain View) Description of Goods, Wares, Services, etc. I have read and agree to comply with Chapter 15, Article II, of the Mountain View City Code regarding Mobile Vendors and agree to comply with all applicable State and Federal laws. Signature Date Date Printed Name Printed Name Under State law, I am not required to obtain Workers' Compensation insurance. I agree to notify the City of Mountain View should I hire employees and/or become subject to Workers' Compensation requirements under State law.	Applicant's Home Address	oplicant's Home Address		City			State	Zip	
Business Address City State Zip Contact Person (Designated Employee or Agent to be Contacted) (Optional) Contact Person's Address City State Zip Contact Person's Phone No. Contact Person's Address City State Zip Has your designated employee or agent ever been issued a vendor's permit by the City of Mountain View? Yes No Not in Use) If Yes, when? Date Business Started (in Mountain View) Description of Goods, Wares, Services, etc. I have read and agree to comply with Chapter 15, Article II, of the Mountain View City Code regarding Mobile Vendors and agree to comply with all applicable State and Federal laws. Signature Date Date Date Printed Name Date	Applicant's Telephone Number	Applicant's City Business License No.				Applicant's Retail Sales Tax License No.			
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Signature Date Printed Name						otify th	e City of Mounta	ain View should I hire	
	Signature Da	te	Printed	Name					

_____ Amount Paid

_____ Receipt No. _

Cashier _

Date Paid _

FOR OFFICE USE

¹ The identified location for mobile food vendors must be the same storage location permitted by the County Department of Environmental Health.