This is a Fill-In Form. Please fill in and print. | Print Form | Clear Form

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

CITY OF MOUNTAIN VIEW

# APPLICATION FOR MOBILE VENDING

This application must be filed with the Finance and Administrative Services Department prior to the commencement of mobile vending.
***IF FILLING OUT BY HAND, PLEASE PRINT***

## REQUIRED TO APPLY:

**Attach to the application the following:**

☐ **Proof of Liability 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, 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 will not accept 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.

☐ **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, either on-site or by telephone, and that I am fully responsible for this vending operation.**

Applicant's Initials _____

| Applicant's Home Address | City | State | Zip |
|---|---|---|---|
| | | | |

| 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 | Have you ever been issued a vendor's permit by the City of Mountain View? ☐ Yes ☐ No<br>If Yes, when? |
|---|---|---|
| | | |

| Business Address | City | State | Zip |
|---|---|---|---|
| | | | |

| Contact Person (*Designated Employee or Agent to be Contacted*) *(Optional)* | 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<br>If Yes, when? | Location of Storage[1] (*For Any Vehicle Or Other Mobile Unit When Not In Use*) |
|---|---|
| | |

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 Sign here after printing. Date _____

Printed Name _____

☐ I agree to collect and remit State sales tax as required by law on all sales conducted in the City of Mountain View.

Signature Sign here after printing. 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.

Signature Sign here after printing. Date _____ Printed Name _____

**FOR OFFICE USE** Date Paid _____ Amount Paid _____ Receipt No. _____ Cashier _____

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

**MOBILE VENDING INFORMATION IS *PUBLIC RECORD***