

PUSHCART VENDOR PERMIT APPLICATION									
APPLICANT INFORMA	ATION								
NAME						HOME TELEPHONE	NO.		
HOME ADDRESS			CITY			Sī	TATE, ZIP CODE		
DRIVER'S LICENSE NO. & EXPIRATION DATE		soc	SOCIAL SECURITY NO.		BIRTHPLAC	E A	GE		
HEIGHT	WEIGHT	GEN	GENDER		HAIR COLO	R E	/E COLOR		
EMPLOYER INFORMA	ATION								
NAME		5	AI	1 /-	ED	TELEPHONE NO.			
ADDRESS	/0	11	CITY			Sī	TATE, ZIP CODE		
NATURE OF BUSINESS AND GOODS TO BE SOLD ARE THE PRODUCTS PRODUCED OR PURCHASED									
				☐ Produced ☐ Purchased					
LENGTH OF TIME FO	R WHICH PERMI	T IS REQU	ESTED						
VEHICLE NO.									
CERTIFICATE NO.									
MANDATORY ATTACHMENTS									
☐ Photograph of the ab ☐ Copy of the registrati ☐ Valid Los Angeles Co ☐ Photograph of the ap prior to the date of at least 2" x 2" showi in a clear and disting	on of the above velunty Health Certifica pplicant taken with filing the applicationing the head and sh	ate in 60 days i n. Photogra	ph must	sec Cop ely the	curity no.  y of an active vehicle with	ve automotive ins	r's license and social urance policy covering company's agreement cancellation		
FINGERPRINTS TAKE	N BY POLICE DEI	PARTMEN	Т						
DATE									
HAVE YOU EVER BEE	N CONVICTED O	F A FELON	NY OR N	<b>1ISDEMEA</b> I	NOR?				
☐ Yes ☐ No ☐ IF YES,	WHERE	WHEN		NATUR	NATURE OF OFFENSE		PUNISHMENT/PENALTY ASSESSED		
I DECLARE UNDER PENALTY OF MAKING A FALSE STATEMENT THAT THIS APPLICATION IS MADE BY ME,									
THAT I AM AUTHORIZED TO MAKE THIS APPLICATION AND THAT IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT TO THE BEST OF MY KNOWLEDGE.									
APPLICANT SIGNATURE		Al	APPLICANT NAME (PRINT)				DATE		



## **PUSHCART VENDOR PERMIT APPLICATION**

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE										
NAME OF APPLICANT		CA DRIVER'S LICENSE		SOCIAL SE	CURITY NO.					
POLICE DEPARTMENT APPROVAL		DATE								
☐ Approved ☐ Denied										
FINGERPRINTS	PERMIT		BUSINESS LICENSE		RENEWAL					
\$	\$		\$	1	\$					
STICKER ISSUED				DATE						