

CITY OF HIGHLAND

APPLICATION FOR ICE CREAM VENDOR

TO: City of Highland
 27215 Base Line
 Highland, California 92346

Date: _____

Application is hereby made for a City of Highland License to engage in the business of selling Ice cream from a cart or truck. Each truck or cart must have it's own license and the driver/operator must have identification at all times.

Fees: \$75.00 annually.

Requirements: Must have a copy of current California Driver's license, Automobile Liability Insurance for Ice Cream Trucks, a copy of your fictitious business name, copy of sellers permit, a copy of your health permit issued from San Bernardino County, and copy of fingerprints obtained at San Bernardino County Sheriff's department/Records division (655 E. 3rd Street, San Bernardino)

Section 1:

Applicant's Legal Name:			
Address:		Phone #:	

If your business is based out of the city, please answer the following:

Business Address:	
Business Phone:	

Section 2: Applicants who will engage in soliciting or peddling:

NAME	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.

Section 3: Specific locations and time of day applicant intends to sell Ice Cream:

Location (include address)	Time of Day (include a.m. or p.m.)

Section 4: The description of all merchandise that the applicant proposes to sell:

Section 5:

Type of operation (Truck or Cart):	
Health Permit #	

Section 6: Each person Soliciting must complete this addendum

Has the applicant named in Section 2 of this application ever been convicted of theft, fraud, burglary, battery, or been adjudged a sex offender in California? (Failure to provide correct information will result in denial or revocation of license.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when:	

Section 7: Description

Hair	Eyes	Weight	Height	Race

Section 8: Personal Information:

Birth Date	Place of Birth	Social Security #

Section 9:

Have you ever used any other Name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, give name or names and reason for use:	

Section 10:

Do you have a permit to carry a concealed weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, give date and place of issuance of permit.	

Section 11: Current and former Residential Address:

Date	Address	City, Zip & State

I declare, under penalties of Perjury, by signing as (one of) the Owner(s)/Principal Officer(s) listed below, that this application, including attachments, have been examined by me, and to the best of my knowledge believe to be true, accurate, and complete of all facts. I further certify that the above business will be conducted in compliance with the applicable provisions of the City of Highland Municipal Codes & Ordinances including State and Federal laws. In addition, I assume responsibility to renew this business license on an annual basis and pay the renewal fees (if applicable) on time. I understand that I will be subject to late fees, additional administrative charges, and/or have the business license revoked due to non-compliance of the conditions set forth by the City of Highland. I also agree to notify the City of Highland of any and all changes in business status relating to this application.

As a courtesy the City will send you a renewal notice. If you do not receive the notice, it is your responsibility to pay your Business License Renewal by the expiration date to avoid penalties.

Signature _____ SSN _____ DL# _____ Date _____

Printed Name & Title _____

Home Address _____ Phone () _____

\$75 Annually

I hereby apply for one of the following exemptions and have submitted valid proof.

* Disability

** Under 18- Letter from parents required

I recommend that this application be:	Approved	Denied
Date: _____	By: _____	
	Sheriff's Department	

Application Fee Paid: \$ _____	City of Highland Action
Cash Certified Check or Money Order	Approved Denied
Accepted By: _____	By: _____

FOR OFFICE USE ONLY:

Applicant has submitted:

_____ State Sales Tax Permit

_____ Written permission of parent if under 18 years of age.