



CITY OF HIGHLAND

SIDEWALK VENDING BUSINESS LICENSE APPLICATION

_____ APPLICATION FEE	FEE: \$65.00
_____ AB 1379	FEE: \$4.00
	TOTAL: \$ 69.00

To expedite the licensing process, please make sure that the following items are attached, if applicable. Missing items may delay this process. Please allow 2-3 weeks to process this application, once all information is received.

- _____ Copy of Sellers Permit pursuant to Section 6067 of the Revenue and Taxation Code
- _____ Copy of Health Permit (909) 387-6280
- _____ Copy of Food Handlers Card 1 (800) 442-2283
- _____ Proof of Liability Insurance (Minimum Requirements)
- _____ Additional Insured Endorsement
- _____ Copy of WDID Receipt Letter
- _____ Other: _____



CITY OF HIGHLAND

SIDEWALK VENDING BUSINESS LICENSE APPLICATION

In order to avoid a delay in processing your application, please provide **all applicable** information, and type or print clearly.

_____ **APPLICATION FEE**
_____ **AB 1379**

FEE: \$65.00
FEE: \$4.00
TOTAL: \$ 69.00

Please provide copies of the following documentation:

- _____ Health Permit
- _____ Seller's Permit
- _____ Food Handlers Card
- _____ Proof of Liability Insurance(min. requirements)
- _____ Additional Insured Endorsement
- _____ WDID Receipt Letter
- _____ Other Lic: _____

Please indicate how you intend to operate:

- _____ Stationary Sidewalk Vendor
- _____ Roaming Sidewalk Vendor

Business Name/DBA: _____
Location Address: _____
City, State, Zip: _____
Mailing address: _____
Business Phone: () _____
Fax number: () _____

Type of Business: _____ Sole Proprietor _____ Partnership _____ Corp
_____ LLC _____ Charitable _____ Other

Identify SIC Code*: _____
SIC Description: _____

*Standard Industrial Classification (SIC) Code information can be found at <https://www.osha.gov/pls/imis/sicsearch.html>

Type of business being conducted: _____
Description of food or merchandise offered for sale: _____

Description of the areas intended to operate (locations): _____

Owner or Principal Officers:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Title: _____

Provide one of the following(circle): SSN, TIN, DL or ID

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Title: _____

Provide one of the following(circle): SSN, TIN, DL or ID

Federal Tax ID #: _____
Seller's Permit #: _____
NPDES WDID #: _____

ARD License #: _____
Health Permit #: _____
of employees: _____

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, as well as the property owner(s), 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 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 by the due date to avoid penalties. The applicant has up to 90 days to comply with the application process and the renewal process. If you do not meet this time period, your business license will be closed.

Signature: _____

Date: _____

OFFICE USE ONLY

() X _____ X _____
Zoning Planning Department Approval Date Public Services Approval Date

Planning Permit Requirements

In order to avoid a delay in processing your application, please provide **all applicable** information, and type or print clearly.

Signs

All new signs to be used in conjunction with your business must be approved by the City of Highland's Planning Division. Please call the Planning Department at (909) 864-6861 x258 to discuss your needs for a Sign Review Application. New business identification signs cannot be installed until a sign application had been approved.

AB1379- \$4 Certified Access Specialist Program Fee on Business License Applications and Renewals

“Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.ccca.ca.gov”

ATTACHMENT A: SIDEWALK VENDOR REGULATIONS

5.04.375 Definitions

"Sidewalk vendor" means a person who vends from a vending cart or from one's person, upon a public sidewalk, parkway, pedestrian path, or other public right of way available to pedestrians.

5.04.375 (I) Operating Standards Sidewalk vendors shall comply with the following:

1. No sidewalk vendor shall vend in the following locations:
 - a. Within fifteen (15) feet of any street intersection;
 - b. Within ten (10) feet of any fire hydrant, fire call box, or other emergency facility;
 - c. Within ten (10) feet of any driveway or driveway apron;
 - d. Within twenty (20) feet of any bus or transit stop/ shelter;
 - e. Upon or within any roadway, median strip, or dividing section;
 - f. Within 500 feet of a permitted certified farmers' market, a swap meet, or an area designated for a temporary special event permit or city sponsored event. This prohibition shall be limited to the operating hours of the farmers' market or swap meet, or the limited duration of the temporary special event permit or city sponsored event.
 - g. Within 500 feet of a public or private school site during school hours and not within one hour before or one hour after school drop off and pick up operations.
 - h. In any City parking lot.
 - i. On private property without the consent of the property owner.
2. No sidewalk vendor shall vend in a manner that blocks or obstructs the free movement of pedestrians or vehicles. Sidewalk vendors must at all times provide a clearance of not less than three (3) feet on all sidewalks or pedestrian areas so as to enable persons to freely pass while walking, running, or using mobility assistance devices;
3. Sidewalk vending hours shall be as follows:
 - a. In residential areas, roaming sidewalk vending shall be permitted between dawn and dusk to preserve the health, safety, and general welfare of established residential areas.
 - b. In commercial areas, the limit on hours of vending shall not be more restrictive than the hours of operation of other businesses or uses on the same street within one half mile of the sidewalk vendor.
 - c. In park areas, sidewalk vending shall be permitted only during hours open to the public.
4. Stationary sidewalk vendors shall not vend in areas that are zoned exclusively residential.
5. Stationary sidewalk vendors shall not vend at any park where the City has signed an agreement for concessions that exclusively permits the sale of food or merchandise by a concessionaire.
6. If a vendor of food or food products, the sidewalk vendor shall provide their own trash receptacle for customers and shall ensure proper disposal of customer trash in accordance with HMC 8. 12.
7. Prior to leaving any vending location, the sidewalk vendor shall pick up, remove, and dispose of all trash generated by the vending operations or the vendor' s customers within a fifteen (15) foot radius of the vending location including adjacent parking areas if applicable.
8. If a vendor of food or food products, the sidewalk vendor shall possess and display in plain view on the vending cart a valid health permit from the San Bernardino County Department of Public Health.
- 9. Sidewalk vendors shall possess and display at all times while vending a valid permit issued pursuant to this section, as well as any other permit or license required by the City and any other appropriate governmental agency.**
10. Sidewalk vendors shall comply with all applicable state and local laws, including without limitation state food preparation, handling, and labeling requirements; fire codes and regulations; noise standards; and the Americans with Disabilities Act of 1990 and other disability access standards (both state and federal).
11. No vending cart shall become a permanent fixture on the vending site or be considered an improvement to real property

I declare, under penalties of perjury, by signing as (one of) the owner(s), principal officer(s) listed on this application that Attachment A to the Sidewalk Vendor Business License Application has been read and understood by me.

Signature: _____

Date: _____

SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
On behalf of the named insured in the city, it is agreed that the City of Highland, their officers, employees and volunteers are added as additional insureds under this policy and the coverage provided hereunder shall be primary insurance available to the City of Highland, California.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SOBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ 250,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Highland
27215 Base Line
Highland, CA 92346

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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