



CITY OF BREA
 ADMINISTRATIVE SERVICES
 1 CIVIC CENTER CIRCLE 3RD FL
 BREA, CA 92821-5758
 (714)990-7686

BusinessLicenseInfo@ci.brea.ca.us • www.cityofbrea.net

OFFICE USE ONLY
Permit Number _____
Valid Date _____

SIDEWALK VENDING PERMIT APPLICATION

Application fee due upon submittal.
 Make check payable to City of Brea

APPLICATION MAY BE DENIED IF ALL REQUIRED INFORMATION IS NOT COMPLETE.

ROAMING VENDOR

STATIONARY VENDOR

APPLICANT INFORMATION

CITY OF BREA BUSINESS LICENSE NO.: _____

Primary Contact Name: _____ Email: _____

Business Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone: _____ Emergency Contact Phone: _____

RESPONSIBLE PARTY INFORMATION

Information same as applicant information above

Primary Contact Name: _____ Email: _____

Business Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone: _____ Emergency Contact Phone: _____

EMPLOYEES – Attach additional sheets if necessary.

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:

VENDING ACTIVITY

I HAVE ATTACHED MY VALID SELLER'S PERMIT FROM THE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (CDTFA) _____ initials

What is being sold: Food Merchandise Both

If food is being sold: Are foods prepared on-site? Yes No

Types of Food(s) sold: _____

Do foods require heating element inside or on sidewalk vending receptacle for preparation? Yes No

If yes, describe type of heating element:

I have attached my Orange County Health Department Permit. _____ Initials

Describe merchandise being sold: _____

**** Please complete additional questions on the back of this form ****

Number of Sidewalk Vending Locations: _____ Number of Carts: ____ Cart Dimensions: _____

Brea Address or Vicinity Vending is to take place:

AGREEMENTS

I, THE UNDERSIGNED, ACKNOWLEDGE AND UNDERSTAND THAT I AM RESPONSIBLE TO COMPLY WITH THE INFORMATION, RESTRICTIONS, AND CONDITIONS OF THE PERMIT WHEN ISSUED. I HAVE READ AND ACKNOWLEDGE THE PROVISIONS OF CHAPTER 5.244 OF THE CITY OF BREA MUNICIPAL CODE, AND HEREBY ACKNOWLEDGE RESPONSIBILITY FOR PENALTIES ASSOCIATED WITH NON-COMPLIANCE WITH THE PERMIT CONDITIONS, WHETHER OR NOT I AM PRESENT AT THE TIME OF VIOLATION. _____ **INITIALS**

I, THE UNDERSIGNED, ACKNOWLEDGE AND UNDERSTAND THAT USE OF PUBLIC PROPERTY IS AT THE SIDEWALK VENDOR'S OWN RISK, THE CITY DOES NOT TAKE ANY STEPS TO ENSURE PUBLIC PROPERTY IS SAFE OR CONDUCIVE TO THE SIDEWALK VENDING ACTIVITIES, THE SIDEWALK VENDOR USES PUBLIC PROPERTY AT THEIR OWN RISK, AND I WILL OBTAIN AND MAINTAIN THROUGHOUT THE DURATION OF ANY PERMIT ISSUED UNDER THIS CHAPTER, ANY INSURANCE REQUIRED BY THE CITY.

I HEREBY CERTIFY THAT I WILL COMPLY WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO MAKE THIS STATEMENT AND THE FOREGOING STATEMENTS TO BE TRUE AND CORRECT, AND AGREE TO DEFEND, INDEMNIFY, RELEASE AND HOLD HARMLESS THE CITY OF BREA, ITS CITY COUNCIL, BOARDS, COMMISSIONS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, OBLIGATIONS, DAMAGES, ACTIONS, CAUSES OF ACTION, SUITS, LOSSES, JUDGMENTS, FINES, PENALTIES, LIABILITIES, COSTS AND EXPENSES (INCLUDING WITHOUT LIMITATION, ATTORNEYS' FEES, DISBURSEMENTS AND COURT COSTS) OF EVERY KIND AND NATURE WHATSOEVER WHICH MAY ARISE FROM OR IN ANY MANNER RELATE (DIRECTLY OR INDIRECTLY) TO THE PERMIT OR THE VENDOR'S SIDEWALK VENDING ACTIVITIES. THIS INDEMNIFICATION SHALL INCLUDE, BUT NOT BE LIMITED TO, DAMAGES AWARDED AGAINST THE CITY, IF ANY, COSTS OF SUIT, ATTORNEYS' FEES, AND OTHER EXPENSES INCURRED IN CONNECTION WITH SUCH CLAIM, ACTION, OR PROCEEDING WHETHER INCURRED BY THE PERMITTEE, CITY, AND/OR THE PARTIES INITIATING OR BRINGING SUCH PROCEEDING. I ALSO AGREE, IF APPROVED, TO COMPLY WITH ALL PERMIT CONDITIONS, AND UNDERSTAND THAT FAILURE TO COMPLY WITH ANY CONDITION OR ANY VIOLATION OF LAW MAY RESULT IN THE IMMEDIATE REVOCATION OF THE PERMIT.

Print Name:	Signature:	Date:
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The application fee is non-refundable. Please allow 30 days for processing.

FOR OFFICE USE ONLY

- INITIAL**
- CDTFA (Brea)
 - Health Permit
 - Declaration Initials
 - City of Brea Business License
 - Liability Insurance
 - Receptacle

Rec'd: _____
Staff: _____