



**CITY OF BREA**  
 BUSINESS LICENSE DIVISION  
 1 CIVIC CENTER CIRCLE  
 BREA, CA 92821-5758  
 (714)990-7686

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

## SIDEWALK VENDING PERMIT APPLICATION

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

OFFICE USE ONLY
Permit Number
Master ID

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

ROAMING VENDOR

STATIONARY VENDOR

### APPLICANT INFORMATION

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): \_\_\_\_\_

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

If merchandise is being sold, describe merchandise: \_\_\_\_\_

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

No. of Sidewalk Vending Locations:	No. of Trash Containers:
No. of Sidewalk Vending Receptacles:	Size of Containers:
Receptacle Dimensions:	Length _____ Width _____ Height _____

**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.

<b>Print Name:</b>	<b>Signature:</b>	<b>Date:</b>
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***The application fee is non-refundable. Please allow 30 days for processing.***

FOR OFFICE USE ONLY	
<p><b>INITIAL</b></p> <p><input type="checkbox"/> CDTFA (Brea)</p> <p><input type="checkbox"/> Health Permit</p> <p><input type="checkbox"/> Declaration Initials</p> <p><input type="checkbox"/> Proof of Insurance</p> <p><input type="checkbox"/> Liability</p>	<p><b>APPROVAL</b></p> <p><input type="checkbox"/> Receptacle</p> <p><input type="checkbox"/> Residential</p>
	<p>Rec'd: _____</p> <p>Staff: _____</p>