



City of Avalon

P.O.Box 707 Avalon, CA 90704
(310) 510.0220

Application for Sidewalk Vending Permit / Roaming Sidewalk Vending Permit

\$30.00 Non-Refundable Application Fee for the Calendar Year January 1,____through December 31,____

Please answer all questions completely. Provide information for the individual vending under the permit. Any false statements will be sufficient cause for the denial of the application or the revocation of the permit.

First Name			Middle Initial		Last Name		Phone		
Address									
City						State		Zip Code	
Sex	Height		Weight		Hair Color		Eye Color		Date of Birth
FOR OFFICE USE ONLY: Identification # (Official photo ID, Drivers License, Student ID Card, Passport, or other acceptable photo ID) To be completed by office staff when application is submitted.									

Please describe in full the merchandise/goods to be offered. and days/hours of sales:

Please describe in full any equipment that you will use (if using a cart or stand, please enclose a picture and dimensions):

Please note:

1. Sidewalk Vending Permits are non-transferable and non-refundable.
2. Replacement Sidewalk Vending Permits are \$5.00 each.
3. Any Sidewalk Vending Permit issued in response to the application will be expressly conditioned on compliance with any changes in the law that the City Council may adopt.
4. Vendors will provide two “passport type” photos when submitting this application.

This check-list outlines the conditions to which proposed sidewalk vending must demonstrate compliance *before beginning business operations*. Make sure your Sidewalk Vending Permit Application is complete by including the following items:

- _____ Provide a copy of a California Seller's Permit (with the sales tax number issued by the California Department of Tax and Fee Administration) issued to the vendor.
- _____ Provide a copy of a City of Avalon Business License.
- _____ Provide a copy of a City of Avalon Encroachment Permit.
- _____ Demonstrate proof of liability insurance policy naming the City of Avalon as additional insured. (Requires coverage for up to at least \$1,000,000)
- _____ If preparing or serving foods, provide a copy of County Health Department permits issued to vendor.

I hereby certify that I have read and understand the application procedures and the Sidewalk Vending Definitions and Guidelines. I have received a copy of the City of Avalon Sidewalk Vending Ordinance. I agree to conduct vending in the City of Avalon in accordance with all of the provisions set forth.

I declare under the penalty of perjury that the foregoing is true and correct.

For and in consideration of permission to perform, I agree to indemnify, protect and hold harmless the City of Avalon and their respective officers, agents and employees from and against any and all claims, losses, damages, or liabilities arising from or related to my performances pursuant to this permit. As a material part of the consideration to the City of Avalon, I hereby assume risk of damage to my property or injury to my person during the permitted vending arising from any cause except intentional conduct or gross negligence of the City of Avalon or the Catalina Island Chamber of Commerce and I hereby waive all claims in respect thereof.

Date:	
Signature:	Print Name

Return this completed, signed application, two "passport type" photos, and payment IN PERSON to:
City of Avalon
410 Avalon Canyon Road
P.O.Box 707, Avalon, CA 90704
310-510-0220

Approved by (print name)	Date
Signature of person approving this application	

SPECIAL PERMIT CONDITIONS: