

SIDEWALK VENDING APPLICATION

GENE	ERAL INFORMATION			
Business Name (as shown on Business License Application)			Staff Use Only	
		Si	dewalk Vending Application	
Busine	ess Address or Nearest Cross-Street			
			usiness License No.:	
Applica	ant's Name			
Applica	ant's Address		Planning Stamp Only	
City:	State:	Zip:		
Contac	ct Number:			
Email:				
STRE	EET VENDING TYPE (CHECK ONE B	OX BELOW) LIST OF EMPLOYE	ES (IF APPLICABLE)	
		Name/ Contact Number		
	Stationary			
□F	Roaming	Name/ Contact Number		
		Name/ Contact Number		
TYPE	OF EQUIPMENT	LIST OF MERCHAN	NDISE TO BE SOLD	
REQ	UIREMENTS FOR SIDEWALK V	ENDING		
□ S	ite Plan	□ City of Fontana Mu	nicipal Code Section:	
□ Health Permit (If applicable)		15-818, 15-820, 15-82	22, 15-823, 15-824, 15-825, and 15-8	328
APPL	LICANT CERTIFICATION			
I ackn	nowledge the filing of this application a	and certify that all of the above information	n is true and correct.	
Signature:			Date:	
Print N	lame and Title:			
	Date/Time Received	Received By	Receipt No.	

8353 Sierra Avenue, Fontana, CA 92335 ~ (909) 350-6718

SIDEWALK VENDING APPLICATION

SIDEWALK VENDING SITE PLAN

Planning Stamp Only				