



City of Hesperia
PLANNING DIVISION

File: _____
Receipt: _____

APPLICATION FOR PEDDLERS LICENSE/ ICE CREAM & CATERING TRUCKS

(Pursuant to requirements of Chapter 5.24, Hesperia Municipal Code)

Application is hereby made for a City of Hesperia license to engage in the business of peddling goods, ware, and merchandise or of soliciting orders for goods or services, or of offering services for repair or improvement of real property exceeding \$25.00 in cost or value within the City of Hesperia, pursuant to the provisions of Chapter 5.24, Hesperia Municipal Code.

1. Applicant's Legal Name: _____
2. Address: _____
3. Applicant's Business Name: _____
4. Address: _____

(If Religious or Nonprofit Organization, answer the following):

Business Address: _____

Date Articles of Incorporation filed with County Clerk's Office: _____

2. Applicant, partners and other persons who will engage in soliciting or peddling:
(Use continuation sheet as needed)

Name	Social Security Number	Drivers License Number
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3. Type of Operation: Peddling Ice Cream Trucks Catering Trucks

4. Specific locations and time of day applicant intends to peddle or solicit.

5. The supplier of the goods to be sold and a description of every type of merchandise or service that applicant proposes to peddle or solicit.

6. Description:	Hair:	Eyes:	Wght:	Height	Race
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7. Birth Date:	Place of Birth:
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8. If naturalized, place and date:

Married: Single: Maiden Name: _____

Spouse's Name: _____

9. Have you ever used any other name? Yes No If so, give name, or names, and reasons for use: _____

10. Has applicant or any person named in Section 2 of this application ever been convicted of theft, fraud, burglary, battery, or been adjudged a sex offender in California? Yes No (Failure to provide correct information will result in denial or revocation of license.) Signature: _____

Date: _____

Name/Explanation (Give reason and disposition): _____

11. Do you have a permit to carry a concealed weapon? Yes No If so, give date and place of issuance of permit: _____

12. Occupation and employment during past five years:

Firm

Address

Occupation

13. A permit from San Bernardino county Department of Environmental Health Services is required. A copy of this permit is attached. Yes No

14. I hereby apply for one of the following exemptions and have submitted valid proof.

Disability

Under 18

Veteran (No Fee)

Religious or Nonprofit

Over 55

(Application fee only)

Signature: _____

A COPY OF THE STATE SALES TAX PERMIT (CALIFORNIA REVENUE AND TAXATION CODE 6066) MUST BE ATTACHED TO THE APPLICATION

I, the undersigned, hereby declare that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license. I declare that there is no known cloud of the title to ownership of the goods to be sold.

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

Signature

Date

*****FOR STAFF USE ONLY*****

FOR RESIDENTIAL PEDDLING ONLY

1. DOJ Information:

Fingerprint cards required? Yes No

Date Completed:

Date sent to DOJ:

Date returned from DOJ:

Comments:

2. Vehicle Inspection Information: HMC 5.24.060

Vehicle ID Number:

Date Inspected:

Inspecting Officer: _____; Badge Number: _____

(Please Print)

Inspecting Officers Signature: _____