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|  | Gilroy Police DepartmentCity of Gilroy7301 Hanna StreetGilroy, California95020-6129 | Admin. (408) 846-0310Comm. (408) 846-0350Records (408) 846-0300Fax (408) 846-0339PEDRO ESPINOZAChief of Police |

**APPLICATION FOR PERMIT**

**[ ] Mobile Vendor [ ] New [ ] Renewal**

SECTION 1

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Number City State Zip

3. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_ Weight:\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_ Eye Color: \_\_\_\_

4. California Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Has any driver’s license issued to you in any state ever been revoked/suspended? Yes:\_\_\_\_ No:\_\_\_

6. Have you ever been convicted of any crime other than a traffic infraction within the past ten (10)

 Years? Yes: \_\_\_\_\_\_\_ No:\_\_\_\_\_\_

If you answered yes to #5, describe when, where, type of violation and the penalty assessed therefore. If you have ever been arrested and fingerprinted the arrest will show up in the background check.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Use additional sheet if necessary.

 Yes No

7. Do you have a fixed and permanent place of business in the City of Gilroy?  

8. Are you registered under a license issued by the State of California?  

9. Do you intend to hold an incidental sale, such as a garage sale or a holiday

 craft sale in your own private residence?  

If you answered ***yes*** to questions seven, eight and nine, you are not required to obtain an identity license.

If you answered ***yes*** to question nine, you are not required to obtain additional City issued sales permits or licenses under this code, but you may be required to do so under other code provisions (see Business License 13A)

10. Do you intend to offer or sell good, merchandise or services within the City of Gilroy in any of the following locations or situations?

* Place to place
* Private property
* Streets
* Parks
* Other public places
* Any building (other than your private residence when for incidental sales – see question 8)
* Other enclosure or place

11. Will your offerings or sales occur in a vehicle of any nature, either for immediate Yes No

 delivery or for future delivery?  

12. Do you intend to operate a mobile vending facility within the City of Gilroy?  

If you answered ***yes*** to question twelve, you are required to obtain a Mobile Vending Permit and you may be required to obtain an identity license under sections 16A.1 – 16A.12. Your signage must be in compliance with the city zoning ordinance.

No Mobile Vendor permit will be valid for operations conducted in the following:

* C1 Neighborhood Commercial
* C2 Central Commercial
* C3 Shopping Center Commercial

SECTION 2

1. Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Number City State Zip

Sole Proprietorship: \_\_\_\_\_\_ Corporation: \_\_\_\_\_\_ Partnership: \_\_\_\_\_\_ Trust: \_\_\_\_\_\_

 Tax Identification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Description of articles or services sold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROCESSING OF THIS APPLICATION WILL TAKE APPROXIMATELY EIGHT (8) WEEKS DURING WHICH APPLICANT IS NOT PERMITTED TO SOLICIT.**

SECTION 3

1. All application fees are non-refundable.
2. All applicants will be fingerprinted for a criminal history check through D.O.J.
3. Proof of insurance must be submitted for all vehicles to be used in the business

I understand that the falsification of any portion of this application is grounds to deny or revoke my permit.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURES REQUIRED:

1. POLICE DEPARTMENT (408) 846-0310:

 Cleared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. FINANCE DEPARTMENT (408) 846-0400 (only if advance payments required):

 Cleared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_