



CITY OF RIVERBANK
 Public Works Division
 2901 High Street (physical address)
 6607 Third Street (mailing address)
 Riverbank, CA 95367
 Telephone: (209) 869-7128 Fax: (209) 869-7045

Date Received: _____
 Approved _____
 Denied _____

SIDEWALK VENDING APPLICATION

Stationary Vendor Roaming Vendor

Applicant(s): _____

Mailing Address: _____

Telephone No.: _____ Email: _____

Business Name: _____

Telephone No.: _____ Mailing Address: _____

Provide a description of the food and/or merchandise for vending: _____

Provide a description of the location where vending will operate (attach a map/drawing if needed). _____

Provide a description of any vending cart to be used. Attach photograph **(Required)**: _____

Proposed or established business hours:

	MON	TUE	WED	THURS	FRI	SAT	SUN
Open							
Close							

Attach:

- Copy of Liability Insurance Copy of Indemnify Agreement
- Copy of Food handler's Certificate and copies of all required approvals from the County's Food Safety Program.
- Copy of California's driver's license or identification number, an individual taxpayer identification number, or a social security number.
- Copy of Mobile Food Permit issued by Stanislaus County, Department of Environmental Health.

Select those that apply:

- Food is prepacked Food to be prepared on site
- Vendor requires a heating element

I certify, under the penalty of perjury, that by signing and submitting this application , all of the statements contained herein are true and correct.

 SIGNATURE

 DATE