

# SIDEWALK VENDING

A sidewalk vendor is a person who sells food or merchandise from a pushcart, stand, display, pedal driven cart, wagon, showcase, rack or other nonmotorized conveyance, or from one's person, upon a public sidewalk or other pedestrian path. To ensure a seamless transition into full and compliant operations, the City of Lindsay has created this Sidewalk Vendor Packet.

## Sidewalk Vendor Packet Contents

- Sidewalk Vending Rules
- Sidewalk Vending Permit Application
- Business License Application
- County Health Permit Application

## Getting Started

The information below provides a general overview of the agencies that you may need to contact before you begin your sidewalk vending business.

**Choose a business name. If you will be using a name other than your given name, name of your LLC or corporation, you must file a Fictitious Business Name with the Tulare County Clerk.**



***Food Vendors Only* - Contact the County of Tulare Department of Environmental Health to apply for a Public Health Permit.**



**Contact the City of Lindsay's Department of City Services to apply for a Sidewalk Vending Permit and Business License.**



## **SENATE BILL 946**

On September 17, 2018, Governor Jerry Brown signed Senate Bill (SB) 946. This legislation regulates sidewalk vending practices.

## Important Contact Information

### **Tulare County Clerk**

Courthouse, Room 105  
221 S. Mooney Blvd  
Visalia, California 93291  
<https://www.tularecounty.ca.gov>  
(559) 636-5051

### **Tulare County Environmental Health Division**

5957 S Mooney Blvd  
Visalia, CA 93277  
<http://tularecountyeh.org>  
(559) 624-7400

### **City of Lindsay Department of City Services**

151 N Mirage Ave  
Lindsay, CA 93247  
[www.lindsay.ca.us](http://www.lindsay.ca.us)  
(559) 562-7102 Ext.4



# City of Lindsay Sidewalk Vending Rules

All sidewalk vending in the City of Lindsay public right-of-way are governed by these rules, as of July 9, 2019.

## 1. Keep it clean. You must pick up trash and recycle.

All food vending carts or kiosks shall be equipped with refuse containers large enough to contain all refuse generated by the operation of such cart or kiosk, and the operator of the food vending cart or kiosk shall pick up all refuse generated by such operation within a 50-foot radius of the cart or kiosk before such cart is moved. All recyclable materials shall be separated from other refuse and disposed of in a manner consistent with the current City of Lindsay (City) recycling policy.

## 2. Keep the sidewalk open for pedestrians and other uses.

No person shall install, use, or maintain any vending cart or kiosk which projects onto, into, or over any sidewalk or parkway when such installation, use or maintenance endangers the safety of persons or property, or when such site or location is used for public utility purposes, public transportation purposes or other governmental use, or when such cart or kiosk unreasonably interferes with or impedes the flow of pedestrian or vehicular traffic, the ingress into or the egress from any residence or place of business, or the use of poles, posts, driveways, traffic signs or signals, hydrants, mailboxes, or other objects permitted at or near said locations. No vending cart or kiosk shall be so placed that the clear space for the passage of pedestrians upon the sidewalk is reduced to a width of less than four feet. No mobile or street vendor shall obstruct or cause to be obstructed the passage of any sidewalk, street, avenue, alley or any other public place, by causing people to congregate at or near the place where goods, wares, food, or merchandise of any kind is being sold or offered for sale.

a) Distances from the following above ground facilities (AGF) shall be no less than three feet:

- (1) Streetlights
- (2) Edges of tree wells
- (3) Parking meters
- (4) Above ground utility structure

b) Distances from fire hydrants shall be no less than five feet.

c) Distances from any existing subsurface utility box, valve, or vault shall be no less than two feet.

d) Distance from face of curb and from edge of existing driveways shall be no less than 18 inches (*see Diagram 1*).

e) Distances between vendors shall be 10 feet.

f) No vending spaces will be permitted at bus stop locations, or at locations where there are existing above ground amenities such as street furniture (benches, bike racks), newsstands, and red curbs.

g) No vending spaces will be permitted in roadway, medians, pedestrian islands, and bikeways.

h) No stationary vending location shall be placed directly in front of any building. All stationary vending locations shall be placed 18 inches from the curb face.

i) Distance from permitted activities including but not limited to construction related street or lane closures, special events, swap meets, filming, and farmer's markets shall be no less than 500 feet from any boundary line of the permitted activity.

j) Distance from an entrance way to any building, store, theatre, movie house, house of worship or place of public assembly shall be a minimum of 50 feet.



# City of Lindsay Sidewalk Vending Rules

## **3. Some areas are No Vending Areas**

A) Vending is prohibited within 500 feet of:

- 1) Lindsay City Hall, police station or fire station;
- 2) Any public or private school, or a child day-care facility, between the hours of 6:00 a.m. and 6:00 p.m.;
- 3) Any place of assembly or worship, between one hour before and one hour after scheduled event or presentation times;
- 4) An area designated for a permitted certified farmers' market during the limited operating hours of that certified farmers' market;
- 5) Any sheriff or police officer, firefighter, or emergency medical personnel who are actively performing their duties or providing services to the public.

## **4. Keep produce bagged or protected from bugs and vermin, and follow state laws on produce**

All produce regulated by the California Department of Food and Agriculture (CDFA) shall be handled, transported, displayed or disposed of in accordance with all CDFA regulations as they now exist or as amended from time-to-time, but not limited to, the following:

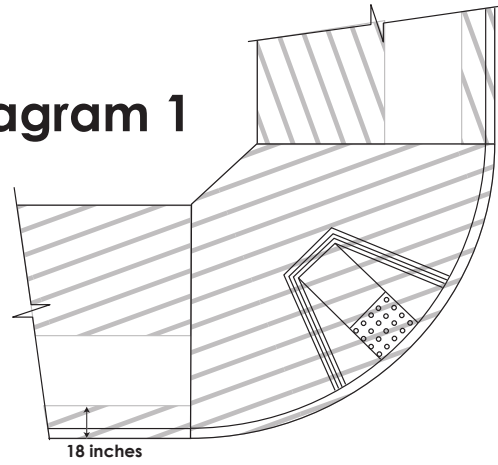
- a) All produce or commodities under quarantine by the CDFA will be protected or safeguarded in an approved manner by being bagged or screened to prevent infestation; any open display is prohibited.
- b) All produce, commodities, or their husks, cores, rinds, or pits shall be sealed in plastic bags before disposing.
- c) Every food vendor shall have a receipt, invoice, bill of lading or other acceptable proof of origin of all produce or commodities under quarantine.
- d) All produce or commodities under quarantine that are sold, offered for sale, or transported within the quarantine area, must be of commercial origin.
- e) Any violation of this section may result in the seizure of produce or commodities.

## **5. Keep all your permits up to date**

All sidewalk vendors must possess all applicable business, tax, and health permits required by the State, County, and or City.

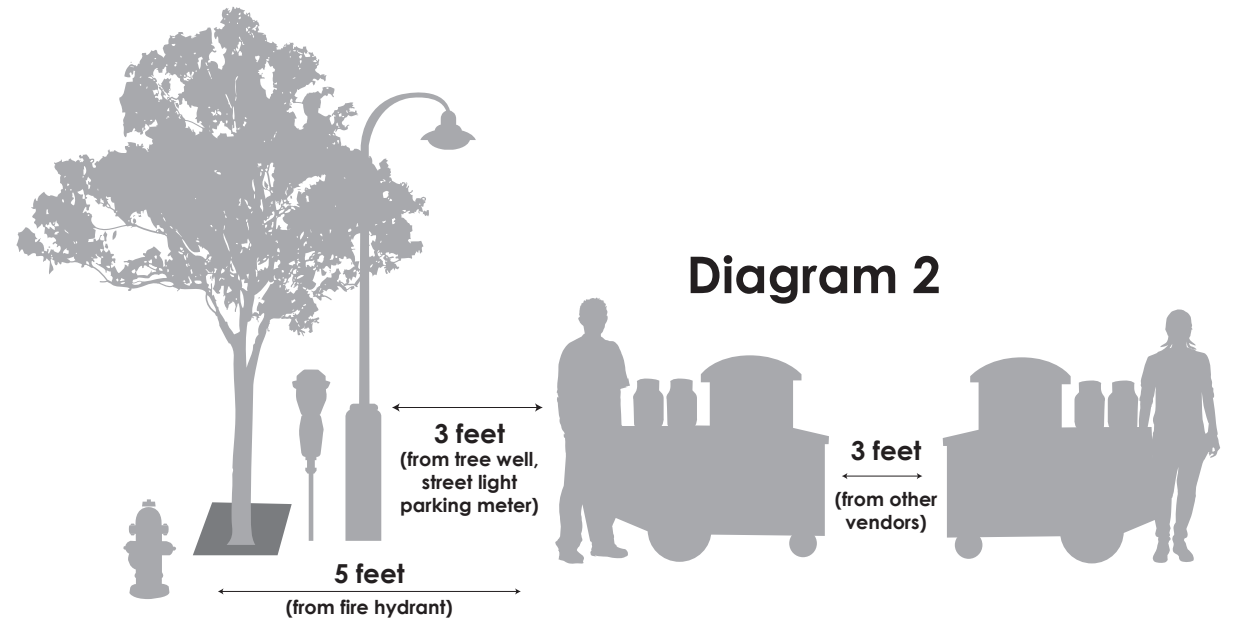


**Diagram 1**



 **Restricted Area**

18 inches



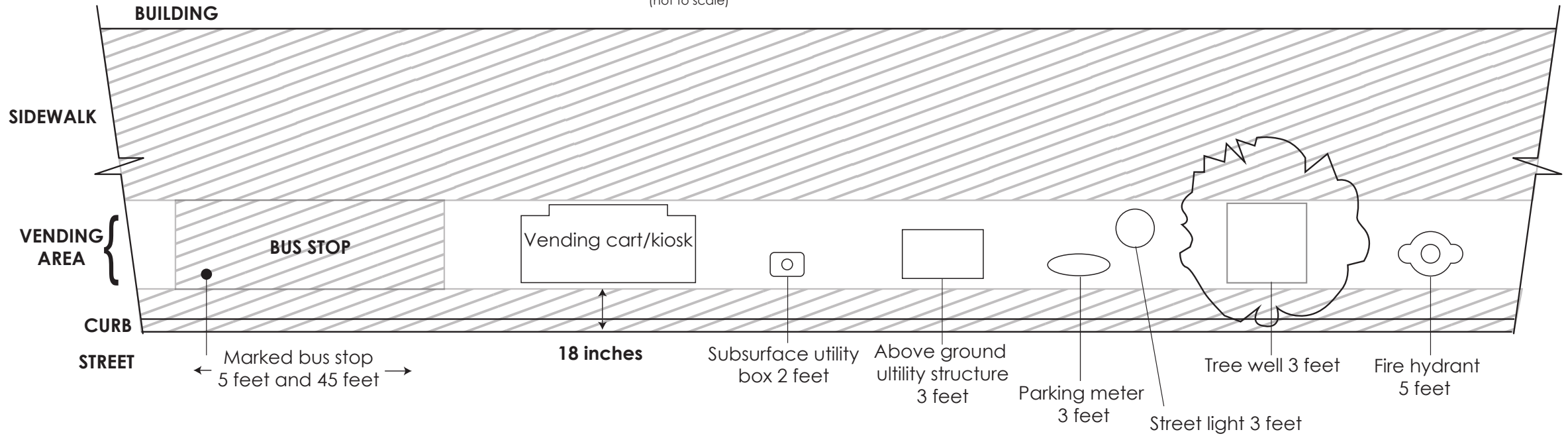
**Diagram 2**

**3 feet**  
(from tree well,  
street light  
parking meter)

**3 feet**  
(from other  
vendors)

**5 feet**  
(from fire hydrant)

**Diagram 3**  
(not to scale)



**BUILDING**

**SIDEWALK**

**VENDING AREA**

**BUS STOP**

Vending cart/kiosk

**CURB**

**STREET**

Marked bus stop  
5 feet and 45 feet

**18 inches**

Subsurface utility  
box 2 feet

Above ground  
utility structure  
3 feet

Parking meter  
3 feet

Street light 3 feet

Tree well 3 feet

Fire hydrant  
5 feet



# CITY of LINDSAY SIDEWALK VENDING PERMIT APPLICATION

For an application to be accepted, all supplemental information required by Municipal Code 5.36.040 Permit Required for purposes of clarification of the activity must be included with this application and the application fee.

**PLEASE PRINT OR TYPE**

Name of Applicant \_\_\_\_\_ Business Telephone \_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_

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

Name of Business Operator \_\_\_\_\_ Title \_\_\_\_\_

Identification:  Driver's License  State ID  Passport  Other: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Issuer: \_\_\_\_\_

Applicant's Residence Address \_\_\_\_\_

Email \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Ownership Type  Sole Proprietor  LLC  Corporation  Partnership

Hours of Operation (Hours) \_\_\_\_\_ (Days) \_\_\_\_\_

Vending Activity  Roaming Vendor  Stationary Vendor  Both

Items Being Sold  Merchandise  Food/Drinks  Both

Type(s) of merchandise sold \_\_\_\_\_

Type(s) of food/drinks sold \_\_\_\_\_

List all persons/employees that will be vending with you or in place of you:  
\_\_\_\_\_

I declare under penalty of perjury the information entered on this form is true and correct to the best of my knowledge and belief. As a condition for the issuance of the permit applied for, I agree to submit any additional information required and to conduct all phases of this business in conformance with applicable laws, ordinances, and regulations established for such business. **By signing below I certify that I will comply with all applicable local, state and federal laws and acknowledge that I have read Municipal Code 5.36 Sidewalk Vending Regulations.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Return to the City of Lindsay Department of City Services at 150 N Mirage Ave. Lindsay, CA 93247 or email [amejia@lindsay.ca.us](mailto:amejia@lindsay.ca.us). For more information, call 559-562-7102 ext.4

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Permit Type \_\_\_\_\_ Amount \_\_\_\_\_ How Paid \_\_\_\_\_ Initials \_\_\_\_\_

Note: Any change in ownership or address requires a new application

# City of Lindsay Business License Application



FOR CITY USE ONLY

Acct.# \_\_\_\_\_

Class \_\_\_\_\_

Cat. Code \_\_\_\_\_

Bus. Group \_\_\_\_\_

1-Day  Semi-annual  Quarterly

Change of  Owner  Name  Location

Business Name \_\_\_\_\_ Location of Business \_\_\_\_\_

Type of Business \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Est. Monthly Gross Receipts \_\_\_\_\_

Type:  Single Owner  Partnership  Corporation Name of Corporation (if applicable): \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

State ID# \_\_\_\_\_ Fed. ID# (if applicable) \_\_\_\_\_ Board of Equalization # \_\_\_\_\_

State License# \_\_\_\_\_ Business Start Date or Date of Relocation \_\_\_\_\_

## Business License Questionnaire

Fully describe/explain the nature of the business below in the space provided and then answer each question listed below

\_\_\_\_\_

Yes No

1. WILL THE BUSINESS INSTALL, MODIFY, REHABILITATE A SIGN? IF YES, APPLY FOR BUILDING PERMIT AND COMPLETE "SIGN PERMIT ATTACHMENT F".

2. Will the building be used for education, instruction, daycare, worship, or dining? If yes, how many square feet will you be using? \_\_\_\_\_ What is the maximum number of people anticipated at any given time?

3. Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license? \_\_\_\_\_ What is the size in square feet of the seating area? \_\_\_\_\_

4. Is this a home business? If Yes, you must apply for a Home Occupation Permit in addition to this application. Attached \_\_\_ Yes \_\_\_ No

5. Will the business operation include the sales or serving of tobacco products? If yes, what is the tobacco resale number? \_\_\_\_\_ What type of tobacco products will be sold? \_\_\_\_\_

6. Will the business operation include any work, use, or storage conducted outside of a wholly enclosed building? If yes, explain \_\_\_\_\_

7. Will the business change the occupancy? If yes, specify: \_\_\_\_\_

8. Will the business operation include discharging any waste, wastewater, or rinse water to the ground, street, or storm drain?

9. Will the business operation include washing of any equipment or vehicles?

10. Is the business a mobile car wash or car detailing business? **These businesses must be mobile, NEVER stationary.**

11. Will the business operation include the repair or maintenance of motor vehicles?

12. Will the business operation include motor vehicle fuel dispensing including gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum gas (propane), or hydrogen gas?

13. Will the business operation include any use, processing, handling, storage, or discharge of chemicals, including hazardous chemicals and solvents?

14. Will the business generate any hazardous waste or e-waste at this site?
15. Will the business operation include sanding, cutting, or shaping of wood, metal, plastic, or other products producing combustible dust or fibers?
16. Will the business operation include manufacturing? If yes, specify \_\_\_\_\_
17. Will the business operation include the preparation of food or beverages? If food is prepared, must include organic recycling in refuse collection if the business generates 2 cubic yards/per week or more of solid waste. See below.
- 18. Commercial Utility Account:**

Before opening a commercial account, you will need the following.

- Copy of a lease agreement or proof of ownership.
- Have a signature on the business license by Planning ONLY (this will verify that your business is an allowed use at the location)
- Have paid the inspections fees
- Refuse assessment by Mid Valley Disposal. Contact Ricardo Torres at ricardot@midvalleydisposal.com or at 559-238-7998 (to obtain the type of services your business will need:

**Recycle:** \_\_\_\_\_ (\_\_\_)/week    **Green waste:** \_\_\_\_\_ (\_\_\_)/week    **Trash** \_\_\_\_\_ (\_\_\_)/week

**Organic:** \_\_\_\_\_ (\_\_\_)/week    **Locking Bins:** \_\_\_ Yes \_\_\_ No

\_\_\_\_ Are you requesting self-hauling of any of the refuse services above mention? If YES, customer must obtain approval and signature from Mid Valley Disposal Recycling Coordination as well as to submit the REFUSE SELF HAUL CERTIFICATION FORM. Attached \_\_\_ Yes \_\_\_ No

<b>Self-Haul Certification Authorization:</b>			
Approved By: _____	Recycle	Green Waste	Cooking Oil
<b>Mid Valley Recycling Coordinator</b>			
Approval Date: _____	Reference No: _____		
Received Self-Haul Certification Form: ___ Yes ___ No			

**19. BUILDING OWNER/PROPERTY MANAGEMENT COMPANY INFORMATION**

Select one:      Building Owner                              Property Management Company

Name \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Telephone contact \_\_\_\_\_

Approval of the Business License Application does not alleviate the business owner/applicant from obtaining the required building permits for previously unpermitted construction or any proposed improvements.

**20. Disability Access**

UNDER FEDERAL AND STATE LAW, COMPLIANCE WITH DISABILITY ACCESS LAWS IS A SERIOUS AND SIGNIFICANT RESPONSIBILITY THAT APPLIES TO ALL CALIFORNIA BUILDING OWNERS AND TENANTS WITH BUILDINGS OPEN TO THE PUBLIC. YOU MAY OBTAIN INFORMATION ABOUT YOUR LEGAL OBLIGATIONS AND HOW TO COMPLY WITH DISABILITY ACCESS LAWS AT THE FOLLOWING AGENCIES:

- DIVISION OF THE STATE ARCHITECT: <https://www.dgs.ca.gov/dsa>
- DEPARTMENT OF REHABILITATION: <https://www.dor.ca.gov/Home/DisabilityAccessServices>
- CALIFORNIA COMMISSION ON DISABILITY ACCESS: <https://www.dgs.ca.gov/CCDA>

## 21. Acknowledgements

I ACKNOWLEDGE AND UNDERSTAND THAT IT IS THE RESPONSIBILITY OF THE APPLICANT/LICENSEE TO ENSURE THEIR BUSINESS COMPLIES WITH ALL APPLICABLE CITY OF LINDSAY MUNICIPAL CODES, CITY ZONING ORDINANCES AND STATE AND FEDERAL LAWS. NON-COMPLIANCE MAY RESULT IN THE REVOCATION OF YOUR CITY OF LINDSAY BUSINESS LICENSE. *THE CITY OF LINDSAY RECOMMENDS BUSINESS OWNERS CONTACT THE CITY OF LINDSAY'S PLANNING DEPARTMENT AT (559) 562-7102 EXT 4 **PRIOR TO RENTING, LEASING OR PURCHASING A PROPERTY TO VERIFY THEIR PROPOSED USE COMPLIES WITH THE CITY OF LINDSAY'S ZONING ORDINANCE.***

I FURTHER UNDERSTAND THAT THE FOLLOWING APPLIES TO BUSINESSES WHO ARE MAKING APPLICATION FOR A CITY OF LINDSAY BUSINESS LICENSE (***Please initial beside each item to acknowledge you have read and understand***):

\_\_\_\_\_ All signage must be reviewed and approved by the City of LINDSAY's City Services and Planning Department. Please contact (559) 562-7102 EXT 4 regarding sign permits **PRIOR TO** installation of **ANY** signage.

\_\_\_\_\_ All modifications, other than aesthetic changes (i.e. painting, flooring), to a structure located within the City of LINDSAY are subject to approval and issuance of a City of LINDSAY Building Permit. These include, but are not limited to, repairs and improvements to plumbing, electrical and mechanical systems. Please contact the City of LINDSAY's City Services Department at (559) 562-7102 EXT 4 **PRIOR TO** any alteration or modification of any building or structure to determine if a building permit is required.

\_\_\_\_\_ Trash and recycling services **ARE MANDATORY** in the City of LINDSAY.

\_\_\_\_\_ A business license will not be issued until the application has been reviewed by the Planning Department to determine if any land use approvals (i.e., discretionary permits) are necessary for compliance with zoning regulations. To confirm the zoning of your business, please contact the City of LINDSAY's Planning Department at (559) 562-7102 EXT 4.

\_\_\_\_\_ The business location will be required to maintain parking lots and existing landscaping if they are determined to need repair. The City of LINDSAY's Planning Department may require landscape for sites that do not have current landscaping. Lot frontage maintenance is the responsibility of the business at this location.

\_\_\_\_\_ Dependent on the type of tenant improvements which are proposed as part of your business, the site may be required to conform to all Americans with Disabilities Act (A.D.A.) improvements. It is advised that regardless, A.D.A. improvements be made to protect you, the business and/or property owner, from potential litigation. *Consultation with a Certified Access Specialist (CAsp) is strongly advised.*

\_\_\_\_\_ Contractors shall provide verification of Workers' Compensation Insurance coverage, if required by California law.

\_\_\_\_\_ To determine if an interceptor (ex, grease traps) is required or if an existing interceptor needs to be serviced in relation to the type of business operation you will be conducting (i.e. restaurant, food preparation, car/truck wash, etc.), please contact the City Services Department at (559) 562-7102 EXT 4

\_\_\_\_\_ Food vendors, retailers, and/or restaurants must obtain a Tulare County Environmental Health Permit prior to obtaining a business license from the City of Lindsay.

PRIOR TO THE ISSUANCE OF A BUSINESS LICENSE, THE CITY WILL CONDUCT AN INSPECTION OF THE BUSINESS LOCATION, IF LOCATED WITHIN THE INCORPORATED CITY LIMITS OF LINDSAY. THE PREMISES WILL BE INSPECTED **PRIOR TO** THE BUSINESS OPENING FOR BUSINESS AND MUST BE SET UP AND/OR STOCKED. IF THE CITY CANNOT CONTACT THE APPLICANT WITHIN 60 DAYS OF THE APPLICATION DATE, THE APPLICATION WILL CONSIDERED WITHDRAWN, AND ALL FEES PAID WILL BE NONREFUNDABLE.

SUBMITTAL OF A BUSINESS LICENSE APPLICATION AND PAYMENT OF FEE(S) DOES NOT CONSTITUTE AN APPROVAL OF A LICENSE TO OPERATE A BUSINESS. ***NO BUSINESS SHALL OPERATE UNTIL THE BUSINESS LICENSE HAS BEEN APPROVED AND ISSUED BY THE CITY OF LINDSAY.***



**CAUTION!**

Payment of Business Tax does not authorize payer to engage in a business or profession contrary to city ordinances (including zoning ordinances) or state and federal regulations

Sales and Use Tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
**FOR CITY USE**

APPROVAL DATES	REMARKS	INSPECTION FEE	FEES	
Planning		Building \$	Regular	\$
Building		Fire \$	Application	\$
Fire		Total Insp Fee \$	CASP	\$
Tulare County Health		PAID DATE:	<b>TOTAL AMOUNT DUE</b>	\$
		RECEIPT #:		
APPROVAL SIGNATURES				
PLANNING DEPT.	BUILDING DEPT.	FIRE DEPT.	OTHER	

Zoning Classification \_\_\_\_\_  
 Address \_\_\_\_\_  
 APN \_\_\_\_\_  
 Class of Building \_\_\_\_\_

Fire Zone District \_\_\_\_\_  
 Areas and Neighborhood \_\_\_\_\_  
 Occupancy Capacity \_\_\_\_\_

**TULARE COUNTY ENVIRONMENTAL HEALTH  
HEALTH PERMIT APPLICATION - FOOD**



**APPLICATION TYPE/Tipo de Aplicación**

**Ownership Change/Cambio De Dueño**   
  **Business Location Change/Cambio De Sitio**   
  **New Business/Nuevo Negocio**  
 \*Attach Veteran's Fee Exemption Form with DD214 if honorably discharged. Cannot combine with beer, wine, and liquor sales.  
**Business Menu:** (write in or attach)  
*Menu de Negocio: (escribir o adjuntar)*

**PERMIT TYPE/Tipo de Permiso**

<b>Low Risk-</b> Prepackaged/No food preparation. e.g. retail markets	<b>Moderate Risk-</b> Limited menu. Most foods are prepared and served immediately, 1-2 foods processed through the danger zones. e.g. fast food, walkups, restaurants, bakeries	<b>High Risk-</b> Extensive menu, processing: more than 1-2 foods through the danger zone, more complex foods, raw foods, foods with time and temperature, smoking, juicing, ROP. Serving high risk populations. e.g. restaurants, processing facilities, hospitals
<input type="checkbox"/> <b>Restaurant/Restaurante</b>	<input type="checkbox"/> <b>Low Risk/Bajo Riesgo</b>	<input type="checkbox"/> <b>Moderate Risk/Medio Riesgo</b>
<input type="checkbox"/> <b>Retail Facility/Tienda</b>	<input type="checkbox"/> <b>Low Risk/Bajo Riesgo</b>	<input type="checkbox"/> <b>Moderate Risk/Medio Riesgo</b>
<input type="checkbox"/> <b>Bar</b>	<input type="checkbox"/> <b>Low Risk/Bajo Riesgo</b>	<input type="checkbox"/> <b>Moderate Risk/Medio Riesgo</b>
<input type="checkbox"/> <b>School</b>	<input type="checkbox"/> <b>Dispensing Only</b>	<input type="checkbox"/> <b>w/ Food Preparation</b>
<input type="checkbox"/> <b>*Mobile Facility</b> <i>Negocio Móvil</i>	<input type="checkbox"/> <b>Ice Cream</b> <i>Helado</i>	<input type="checkbox"/> <b>Prepackaged</b> <i>Empaquetado</i>
<input type="checkbox"/> <b>Limited Preparation</b> <i>preparación limitada</i>	<input type="checkbox"/> <b>Full Preparation</b> <i>preparación completa</i>	

\*Include forms: operational procedures, commissary, restroom verification, route sheet, menu, DMV reg., food safety course.  
 \*Incluir formularios: procedimientos operativos, comisaría, verificación de baños, hoja de ruta, menú, registro de DMV, curso de seguridad alimentaria.

**Commissary**  
*Comisaría*   
  **Bakery**  
*Panadería*   
  **Walkup**  
*Negocio sin Asiento*   
  **Other:**  
*Otro:*

**POTABLE WATER & SEWER/Agua Potable y Alcantaría**

**Potable Water Source:** (check one)  
*Fuente de Agua Potable: (elige uno)*   
  **Water District:**  
*Distrito de Agua:*   
  **\*Private Well**  
*Pozo Privado*  
 \*Private Wells require initial and ongoing testing, and water board approval before use with a food facility.  
 \*Los pozos privados requieren pruebas iniciales y continuas, y la aprobación del distrito agua potable del estado de California de California antes de uso con una negocio de alimentos.

**Sewer System:** (check one)  
*Tipo de Sistema Alcantarillado: (elige uno)*   
  **Sewer District:**  
*Distrito de Alcantarillado:*   
  **Onsite Septic System**  
*Sistema Séptico en su Propiedad*

**OWNER INFORMATION/Información del Propietario:**

<b>Owner Name:</b> <i>Nombre del Propietario:</i>	<b>DBA (Corp, LLC):</b> <i>Tipo de Negocio (Corporación, LLC):</i>
<b>Home Address:</b> <i>Dirección de Casa:</i>	<b>City:</b> <i>Ciudad:</i>
<b>Home Phone:</b> <i>Teléfono de Casa:</i>	<b>State:</b> <i>Estado:</i>
<b>Billing Contact:</b> <i>Contacto de Factura:</i>	<b>Zip:</b> <i>Código Postal:</i>
<b>Billing/Mailing Address:</b> <i>Dirección Postal/Factura:</i>	<b>Business Phone:</b> <i>Teléfono de Negocio:</i>
	<b>Email:</b> <i>Correo Electrónico:</i>
	<b>City:</b> <i>Ciudad:</i>
	<b>State:</b> <i>Estado:</i>
	<b>Zip:</b> <i>Código Postal:</i>

**FACILITY INFORMATION/Información del Negocio**

<b>Business Name:</b> <i>Nombre del Negocio:</i>	<b>Website:</b> <i>Sito Web:</i>
<b>Business Address:</b> <i>Dirección del Negocio:</i>	<b>City:</b> <i>Ciudad:</i>
<b>Business Phone:</b> <i>Teléfono del Negocio:</i>	<b>State:</b> <i>Estado:</i>
	<b>Alt Phone:</b> <i>Teléfono Alt:</i>
	<b>Zip:</b> <i>Código Postal:</i>

**SIGNATURE AND TERMS/firma y términos**

The undersigned hereby certifies all of the information on this application is true and accurate and agrees to notify Tulare County Environmental Health Services (TCEHS) and obtain approval for any changes that occur including but not limited to: the type of business activity, name, business location, structural, menu, equipment, billing address, ownership, and/or closure. Failure to notify and obtain approval from TCEHS may invalidate the health permit and place the business owner in violation of the California Retail Food Code (CRFC). Verified complaints and violations of the CRFC may result in administrative enforcement fees, and/or legal action being charged to the owner. Signature must be an owner, partner or corporate office (corporation and LLCs). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application. Permit to operate is granted after application approval, payment, and any other required approvals. *El abajo firmante certifica: la información en esta aplicación es verdadera y precisa, (para notificar a este departamento de cualquier cambio comercial como: nombre, ubicación, menú, equipo, venta de negocios), y para seguir el código de alimentos al por menor de California. Las quejas verificadas y las violaciones de este código pueden dar lugar a acciones legales y/o tasas de cumplimiento. La transmisión electrónica se considerará que tiene el mismo efecto legal que la entrega de una copia original firmada de esta solicitud. El permiso para operar se otorga después de la aprobación de la solicitud, el pago y cualquier otra aprobación requerida.*

<b>Owner Name:</b> <i>Nombre del Propietario:</i>	<b>Owner Signature:</b> <i>Firma del Propietario:</i>
--	--

**For Office Use Only**

<b>Payment - Cash/Check#:</b>	<b>Amount:</b>	<b>Receipt:</b>	<b>Date:</b>	<b>Received By:</b>
<b>Permit Expiration Date:</b>	<b>PE:</b>	<b>Comments:</b>		
<b>EHS Name:</b>	<b>EHS Signature:</b>	<b>Date:</b>	<input type="checkbox"/> <b>Vet Exempt Approved-No Fee</b>	