



CITY OF SAN LEANDRO

Finance Department

835 East 14th Street, San Leandro, CA 94577
(510) 577-3381 www.sanleandro.org

Business Licensing Fees

Business License Fee:	\$136.20
Fingerprint/Background	\$32.00
PD Admin. Fee:	\$20.00
State CASp Fee:	\$4.00
Shoreline Recreation Permit	\$100.00

MOBILE ICE CREAM VENDOR APPLICATION

INSTRUCTIONS:

- Fill out application completely.
- Business Owner application must include the following:
 - Proof of Insurance (Certificate of Insurance).
 - Valid California Driver's License
 - Current Vehicle and/or trailer DMV registration.
 - Current Alameda County Health Permit.
 - Route map showing proposed routes and locations for each mobile food vending unit.
- Each additional employee must complete a separate application.
- All fees to be paid at the San Leandro's Cashier's Office, City Hall, 835 E. 14th Street, San Leandro, CA

NEW APPLICANTS ONLY
Fingerprinting at Police Department.
Call (510) 577-3217

Please complete the following required information:

Business Name _____ State Resale # _____

Ownership Corporation Partnership Sole Ownership Ltd Liability Corp. Trust

Please check appropriate box: **Business Owner** **Employee**

Last Name _____ First _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Date of Birth _____ Age _____ Social Security # _____ - _____ - _____ CA Driver's Lic. # _____

State ID (EDD) # _____ Federal ID # _____ Expiration Date _____

Description of Type of Goods to be sold _____

LEGAL. If you have ever been arrested or convicted of any crime, misdemeanor or violation of any state or federal law or municipal ordinance (other than minor traffic and parking offenses), please give the following information:

Approximate Date	Police Agency	Nature of Offense - Punishment or Penalty Assessed

DRIVING. If, within the past ten years, you have been involved in a traffic accident or received a citation for a moving violation, please provide the following information:

Approximate Date	Police Agency	Circumstances

OFFICIAL USE ONLY

Finance Department Approval:

Business License #: _____

Fees Paid: _____

General Liability Expiration _____

Auto Insurance Expiration _____

Health Certificate Expiration _____

Police Approval:

Route Map Sent to Police: _____

Date Fingerprinted: _____ By: _____

Planning Approval:

Zoning District: _____

By: _____ Date: _____

• PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION AND SIGN •

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• VEHICLE INFORMATION •

Year _____ Make _____ Model _____ Color _____

Vehicle ID # _____ License # _____ Expire Date _____

Trailer ID # _____ License # _____ Expire Date _____

Please provide the address of where you will store the vehicle when not in use:

Place of Storage _____ Address _____ City, State, Zip _____

• TO BE COMPLETED BY EMPLOYER •

Name of Employer _____ Business License # _____ Phone # _____

Street Address _____ City, State, Zip _____

I hereby certify that the employee on this application is covered under my insurance policy and the Alameda County Health Permit.

Employer's Signature _____ Date _____

GENERAL OPERATIONAL REQUIREMENTS

- ◆ Hours of operation: 7:00 A.M. to 10:00 P.M., seven days a week.
- ◆ Current City of San Leandro business license and Alameda County Health Department permit must be displayed in plain view.
- ◆ Must be entirely self-sufficient in regards to gas, electricity, water, and telecommunications.
- ◆ Mobile food vending unit must be maintained in movable condition at all times.
- ◆ Keep one clearly designated waste container within two feet of the mobile unit.
- ◆ Maintain a four foot clearance on sidewalks at all times.
- ◆ No mobile food vendor shall leave or permit to be left, any fat, oil, grease, refuse, garbage or other discarded objects in any street, sidewalk, gutter, or upon any public or private properties.
- ◆ No part of the vehicle, furniture, or other equipment may encroach onto the public sidewalk.
- ◆ Vendors are responsible for managing customer queuing and ensuring pedestrian accessibility is maintained.
- ◆ Mobile food vendors shall not engage in alcohol sales or service unless permitted by the California Department of Alcoholic Beverage Control.
- ◆ Mobile food vendors are subject to the City Noise Ordinance. Please keep quiet when near residential areas and during early morning operations.
- ◆ Stay 300 feet away from restaurants, cafes, delicatessens, or scheduled community events.
- ◆ Stay 500 feet away from all public and private schools from 30 minutes prior to school start through 30 minutes after the end of the school day.

VENDING ON PUBLIC STREETS

- ◆ Follow all traffic laws, parking space signage and time limits.
- ◆ Keep out of required vision triangles and stay 15 feet from any curb-returns and driveways.
- ◆ Mobile food vending units may not stay at any one location for more than 5 hours within a 24-hour period.

VENDING ON PRIVATE OR PUBLIC PROPERTY

- ◆ Vending is prohibited in the following zoning districts: SA-1, SA-2, SA-3, CN, P, PHD, DA-1, DA-2, DA-3, DA-4, DA-5 and DA-6.
- ◆ Property owners or businesses must obtain a special event permit, temporary use, outdoor facilities or other permit from the Community Development Department.
- ◆ Up to 3 mobile food vending units may be on one parcel of property at a time unless otherwise approved as part of a special event.
- ◆ Do not occupy any area required for loading, circulation or fire access and follow all vehicle traffic laws.

A copy of Title IV, Chapter 34 Mobile Food Vending of the San Leandro Municipal Code may be obtained from the City of San Leandro Finance Department or on-line at www.qcode.us/codes/sanleandro.

CERTIFICATION AND ACKNOWLEDGEMENT

I hereby apply for a City of San Leandro Business License for Mobile Ice Cream Vending. I declare under penalty of perjury that the statements made in this application are true. I further agree that the business shall be conducted in accordance with the provisions of Title IV, Chapter 34 Mobile Food Vending of the San Leandro Municipal Code, as it may be amended from time to time. I understand that any false statement in this application will be sufficient grounds to refuse or revoke this Business License.

Signature _____ Date _____