

City of Los Angeles
Department of Public Works
Bureau of Street Services
Investigation and Enforcement
1149 S Broadway, Rm 350
Los Angeles, CA 90015



VENDING APPLICATION

The following information is subject to disclosure

Park Vending: Yes No Permit Number: _____

Business Name: _____

Legal Name: _____
First Last Middle

Date of Birth: _____ Identification Number: _____

Mailing Address: _____

Home Phone: _____ Mobile Phone: _____ E-Mail: _____

Proof of Documentation must be provided for the following:

Business Tax Registration Certificate (BTRC) number: _____

California Department of Tax and Fee Administration (CDTFA) number: _____
(Seller's Permit)

County of Los Angeles Public Health Permit number: _____

Description of Business: _____
(Provide detail on products you intend to sell)

Work Schedule: (Indicate the days of the week and hours you intend to do business)

Days:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	_____	_____	_____	_____	_____	_____	_____
To:	_____	_____	_____	_____	_____	_____	_____

I agree to abide by the City of Los Angeles Sidewalk Vending Rules and declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge the foregoing is true, correct and complete.

Signature of owner or agent _____ Date _____

Print Name _____ Title: _____