



SIDEWALK VENDING CHECKLIST

City of Oceanside
Financial Services Department

BEFORE YOU APPLY

Prior to applying for a Sidewalk Vending Business License, you must do the following:

- Review the City Code Chapter 15 Article V – Sidewalk Vending.
- Apply for and obtain a California Department of Tax and Fee Administration (CDTFA) seller's permit indicating an Oceanside location.
- Apply for and obtain the applicable health permits from the San Diego County Department of Environmental Health if selling food.
- Provide proof of commercial liability insurance of not less than \$1,000,000 which names the City as an additional insured.
- File a Fictitious Business Name Statement, if applicable.

CONTACTS

- California Department of Tax & Fee Administration (CDFTA) (858) 385-4700
- San Diego County of Environmental Health (858) 505-6900
- County Clerk (fictitious name filing) (760) 940-6858

Once you have completed the above, you may apply for an Oceanside business license for sidewalk vending. For questions or assistance, please call us at 760-435-4500.

Applications may be filed by mail or in person at:

City of Oceanside
Attn: Central Cashier
300 N Coast Highway
Oceanside, CA 92054



BUSINESS LICENSE APPLICATION

City of Oceanside
Financial Services Department

- PLEASE INDICATE:**
- New Business
 - Additional Location
 - Change of Owners
 - Change of Address
 - Change of Business Name
 - Add/Change Business Description
 - Home Occupation
 - No Longer in Business

Please make checks payable to City of Oceanside
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

BUSINESS INFORMATION

MAILING ADDRESS:

BUSINESS LOCATION:

Business Name: _____

Business Address: _____

(NO PO BOX)

NUMBER STREET SUITE NO.

In care of: _____

CITY STATE ZIP

Mail Address: _____
NUMBER STREET SUITE NO.

Bus. Phone: _____

Corp. Name: _____ Phone#: _____

CITY STATE ZIP
City Start Date _____ State ID _____

Health Permit _____ Sole Prop

Hrs. of Operation _____ Fed ID _____

ABC License # _____ Partnership

Of Employees _____ Seller's Permit _____

Contractor #/Class _____ Corporation

LLC

Property Owner/Management Co: _____

Address of Owner/Management Co: _____

Phone Number of Owner/Management Co: _____

Business activity must be described in detail: _____

SIZE OF FACILITY (sq. ft.) _____

OWNERSHIP INFORMATION

Owner/Pres: _____

Owner/Pres: _____

Home Address: _____
NUMBER STREET SUITE NO.

Home Address: _____
NUMBER STREET SUITE NO.

CITY STATE ZIP

CITY STATE ZIP

Email: _____

Email: _____

Home/Cell Phone: (____) _____

Home/Cell Phone: (____) _____

SSN: _____ Birth Date: _____

SSN: _____ Birth Date: _____

DL# _____ Issuing State _____

DL# _____ Issuing State _____

Bid Amount: _____ Fees: _____

DECLARATIONS

I certify that in the performance of any business activities for which this license is issued, I shall not employ a person in any manner so to become subject to the Worker's Compensation laws of California. If I should become subject to the Worker's Compensation laws I shall forthwith comply with the provision of section 3700 of the labor code. I further declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

TITLE

SIGNATURE

DATE

License No. BL-

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On October 11, 2017, Governor Brown signed AB-1379. This bill raised the SB-1186 fee to \$4.00 for six years, effective January 1, 2018. The fee returns to \$1.00 after the six year period.

On September 19, 2012, Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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:

- The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov



SIDEWALK VENDING APPLICATION SUPPLEMENT

City of Oceanside
Financial Services Department

In accordance with Chapter 15 Article V Section 15.65 of the Oceanside City Code applicants are required to provide the following information:

EMPLOYEE INFORMATION

NAME: _____

NAME: _____

ADDRESS: _____
NUMBER STREET SUITE NO.

ADDRESS: _____
NUMBER STREET SUITE NO.

CITY STATE ZIP

CITY STATE ZIP

PHONE: _____

PHONE: _____

OPERATION INFORMATION

Total number of sidewalk vending devices to operate within the City of Oceanside:

NUMBER OF STATIONARY DEVICES: _____

NUMBER OF ROAMING DEVICES: _____

LOCATION(S): _____

PATH(S): _____

DIMENSIONS: _____

DIMENSIONS: _____

PLEASE ATTACH PICTURES OF VENDING DEVICE(S), ACCESSORIES AND INTENDED LOCATION(S)/PATH(S)

DESCRIPTION OF MERCHANDISE OR FOOD FOR SALE: _____

IF SELLING FOOD (PLEASE CIRCLE ONE):

PREPARED ON SITE? YES NO

REQUIRES HEATING ELEMENT? YES NO

TYPE OF HEATING ELEMENT: _____

DESCRIPTION OF ANY ACCESSORIES OR STRUCTURES TO BE USED:

I have obtained and provided proof of commercial liability insurance of not less than \$1,000,000 which names the City of Oceanside as an additional insured (CIRCLE ONE): YES NO

DECLARATIONS

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

TITLE

SIGNATURE

DATE