COMMUNITY DEVELOPMENT

SIDEWALK VENDING PERMIT APPLICATION

Prior to engaging in the business of vending on a sidewalk, prospective vendors must file an application for a permit, along with a non-refundable processing fee as detailed in the Planning and Development Services Fee Schedule, at least 30 days prior to the date requested for issuance of the permit. The permit will expire on the 31st of December the year of permit issuance.

Please provide your application via the City's online submittal portal, available at cityofirvine.gov/irvineready. If you have any questions about Sidewalk Vending regulations, please call the Planning Counter at 949-724-6308.

APPLICANT INFORMATION

CONTACT NAME		BUSINESS NAME	
☐ BUSINESS or ☐ PERSONAL ADDRESS*		SUITE	PHONE*
CITY	STATE	ZIP	EMAIL*

RESPONSIBLE PARTY ☐ SAME AS APPLICANT INFORMATION ABOVE

CONTACT NAME		BUSINESS NAME	
☐ BUSINESS or ☐ PERSONAL ADDRESS*		SUITE	PHONE*
CITY	STATE	ZIP	EMAIL*

EMPLOYEE INFORMATION (Attach additional sheets if necessary)

NAME			NAME		
1.			2.		
☐ BUSINESS or ☐ PERSONAL ADDRESS*		SUITE	☐ BUSINESS or ☐ PERSONAL ADDRESS*		SUITE
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE*			PHONE*		

SIDEWALK VENDING PERMIT APPLICATION

VENDING ACTIVITY

VENDOR TYPE	ITEMS SOLD	
☐ STATIONARY VENDOR ☐ ROAMING VENDOR	☐ FOOD ☐ MERCHANDISE ☐ BOTH	☐ I have attached proof of prior sales tax allocation to the City of Irvine. ☐ I have not had any prior sales in the City of Irvine.

IF **FOOD** IS BEING SOLD, COMPLETE THE FOLLOWING:

1. Are foods prepared onsite? ☐ YES ☐ NO

Describe type(s) of food:

2. Does food require heating element? ☐ YES ☐ NO

If YES, describe heating element:

☐ I have attached my Orange County Health Department Permit. _____ INITIALS

IF **MERCHANDISE** IS BEING SOLD, DESCRIBE MERCHANDISE:

NO. OF SIDEWALK LOCATIONS	NO. OF SIDEWALK VENDING RECEPTACLES

NO. OF TRASH CONTAINERS	CONTAINER SIZE	RECEPTACLE SIZE		
		LENGTH	WIDTH	HEIGHT

VENDING LOCATIONS

ATTACH PHOTOGRAPH OF RECEPTACLE AND AFFIXED SIGNAGE. LIST LOCATIONS AND COMPLETE DESIGNATED LOCATION REQUEST (Attach additional sheets if necessary)

STATIONARY VENDORS

LOCATION/ADDRESS OF SIDEWALK VENDING ACTIVITIES	DAYS AND HOURS OF OPERATION

ROAMING VENDORS

ROAMING AND INTENDED PATH OF TRAVEL	DAYS AND HOURS OF OPERATION

SIDEWALK VENDING PERMIT APPLICATION

AGREEMENTS

I, the undersigned, acknowledge and understand that I am responsible to comply with the information, restrictions, and conditions of the permit when issued. I have read and acknowledge the provisions of Chapter 2-10-14 of the Irvine Municipal Code, and hereby acknowledge responsibility for penalties associated with non-compliance with the permit conditions, whether or not I am present at the time of the violation. _____
INITIALS

I, the undersigned, acknowledge and understand that use of public property is at the sidewalk vendor's own risk. The City does not take any steps to ensure public property is safe or conducive to the sidewalk vending activities. The sidewalk vendor uses public property at their own risk, and I will obtain and maintain, throughout the duration of any permit issued under this chapter, any insurance required by the City.

I hereby certify that I will comply with all applicable local, state, and federal laws.

The applicant shall maintain a Commercial General Liability Policy with limits of liability not less than $1,000,000 per occurrence and the policy shall be endorsed to name the City of Irvine and its employees, representatives, officers, and agents (collectively hereinafter "City and City Personnel") as additional insured. This insurance is primary and non-contributing with any other valid and collectible insurance or self-insurance available to the City.

I hereby certify, under penalty of perjury, that I am authorized to make this statement and the foregoing statements to be true and correct, and agree to defend, indemnify, release, and hold harmless the City of Irvine, its City Council, Boards, Commissions, Officer, Agents, Employees, and Volunteers from and against any and all claims, demands, obligations, damages, actions, causes of action, suits, losses, judgements, fines, penalties, liabilities, costs, and expenses (including, without limitation, attorneys' fees, disbursements, and court costs) or every kind and nature whatsoever which may arise from or in any manner relate (directly or indirectly) to the permit or the vendor's sidewalk vending activities. This indemnification shall include, but not limited to damages awarded against the City, if any, costs of suit, attorneys' fees, and other expenses incurred in connection with such claim, action, or proceeding whether incurred by the permittee, City, and/or the parties initiating or bringing such proceedings. I also agree, if approved, to comply with all permit conditions, and understand that failure to comply with any condition or any violation of law may result in the immediate revocation of the permit.

_____
PRINT NAME

_____ _____
SIGNATURE DATE

FOR OFFICE USE ONLY

STAFF REVIEW: CASE NUMBER _____ -PETC PERMIT EXPIRATION DATE _____

CD PLANNING STAFF SIGNATURE _____ DATE _____

CERTIFICATE OF INSURANCE SAMPLE

CERTIFICATE OF INSURANCE

005550

DATE (MM/DD/YY)
07/03/2002

PRODUCER:

UNFORM INSURANCE COMPANY
P.O. Box 12345
Any city, Any state 12345-6789

INSURED:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A

COMPANY B

COMPANY C

COMPANY D

COVERAGES:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF BOTH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OOCUR ☐ OWNER & CCNT PROT ☐ LIABILITY ARISTING OUT OF ATHLETIC PARICIPATION	ABC 1234 567	07/03/2002	07/03/2003	PRODUCTS COMP OF AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE MEDICAL	$ 1,000,000 $ 1,000,000 $ 1,000,000 $ 50,000 $ 5,000
AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ RENTED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per inc) PROPERTY DAMAGE	$ $ $ $
DAMAGE LIABILITY ☐ ANY AUTO				AUTO ONLY – EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	$ $ $ $
EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	ABC1234	07/03/2002	07/03/2003	EACH OCCURRENCE AGGREGATE 	$ 1,000,000 $ 1,000,000 $
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				☐ STATUTORY LIMITS EACH ACCIDENT DISEASE – POLICY LIMIT DISEASE – EACH EMPLOYEE	 $ $ $
OTHER					

POSITION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS

EVENT: IRVINE MARATHON DATE: 07/03/2002 SANC: #1234

Certificate holder is additional insured for this sanctioned event

CERTIFICATE HOLDER

CITY OF IRVINE AND ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND REPRESENTATIVES
ONE CIVIC CENTER PLAZA
P.O. BOX 19575
IRVINE, CALIFORNIA 92623-9575

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AS CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT

AUTHORIZED REPRESENTATIVE

John Doe

UNIFORM INSURANCE COMPANY

SAMPLE

ADDITIONAL INSURED POLICY ENDORSEMENT SAMPLE

INSURANCE SERVICES OFFICE, INC.
P.O. BOX 12345
Any City, Any State 12345-6789
(555) 555-5555

POLICY NUMBER: **12345-67890** COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

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SAMPLE