



City of Kerman

Community Comes First

850 S. Madera Ave.

Kerman, CA 93630

Telephone: (559) 846-9385

Fax: (559) 846-6199

ITINERANT PEDDLERS, SOLICITORS, PHOTOGRAPHERS AND MOBILE FOOD VENDORS BUSINESS LICENSE APPLICATION

Note:

1. Application does not constitute a business license. If application is approved, subject to conditions, there may be an additional fee for the business license.
2. Pursuant to Kerman Municipal Code Section 5.04.060, business license fees are not prorated or refundable.

1st Quarter Fee: \$167.00

OWNER INFORMATION

Name _____

Home Address/PO Box * _____ City _____ State _____ Zip _____

Telephone No. () _____ Cell Phone No. () _____

Driver License #/Identification # _____ State _____ Expiration Date _____

Taxpayer Identification Number _____

SSN/Municipal Identification Number _____ Date of Birth _____

E-Mail _____

*In compliance with Section CA code BPC-17538.5

BUSINESS INFORMATION

Name _____

Site Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone No. () _____ Fax No. () _____

Email: _____

Contractor's License No. _____ Expiration Date _____

Other License _____ Expiration Date _____

Is this a home occupation _____ (Only Applicable to Property within City Limits)

Will any contract, warranty, agreement or other written document signed by purchaser be issued: Y N

Will you require a deposit/payment in advance? Y N

Business Operates with (circle one) Sole/No employees 1-5 employees 6-10 employees 11 or more
Type of Ownership (circle one) Sole Partnership Corporation No. _____
State Tax I.D. _____ Federal Tax I.D. _____
State Sales Tax No. _____

Describe type of business (Include a Specific Description of Item(s) to be sold & method of delivery)

NAME OF CORPORATE OFFICERS OR PARTNERS

Name _____ Title _____
Home Address _____
Phone: () _____ Alternate Phone () _____
E-Mail Address _____

Name _____ Title: _____
Home Address _____
Phone () _____ Alternate Phone () _____
E-Mail Address _____

LIST ALL VENDORS

Name _____ Occupation _____
Home Address _____
Phone: () _____ Alternate Phone () _____
DOB: _____

Name _____ Occupation _____
Home Address _____
Phone: () _____ Alternate Phone () _____
DOB: _____

Name _____ Occupation _____
Home Address _____
Phone: () _____ Alternate Phone () _____
DOB: _____

Name _____ Occupation _____
Home Address _____
Phone: () _____ Alternate Phone () _____
DOB: _____

CONDITIONS OF APPROVAL

I acknowledge that the issuance of a business license does not exempt me from the requirements of any application of City, County, or State laws.

Your Signature _____ Title _____
Driver License # _____ State _____ Expiration Date _____
Social Security Number _____

PROPERTY INFORMATION (If unknown leave blank)

Property Owner _____
Address _____ City _____ State _____ Zip _____
Phone _____ Square Footage _____ Paved Yes _____ No _____
Assessor's Parcel Number _____

FOR CITY USE ONLY

Clearance With

- 1. Planning Department _____
- 2. Finance Department _____

COMMENTS: _____

TERMINATED: _____
UPDATED: _____
NEW OWNERS: _____
RENEWED: _____

Business License Checklist (SOLICITOR/FOOD VENDOR)

Itinerant Peddler, Solicitors and Photographers:

- Itinerant Peddlers, Solicitors and Photographers Application
- Live Scan Application from Kerman Police Department (copy)
- Driver's License (copy)

Mobile Food Vendor:

- Itinerant Peddlers, Solicitors and Photographers Application
- Live Scan Application from Kerman Police Department (copy)
- Health Department Permit (copy)
- Driver's License (copy)
- Written Authorization from the property owner (if applicable)

For City Use Only

ISSUED BY: _____

DATE: _____

DEPARTMENT: _____

RECEIVED BY: _____

DATE: _____

DEPARTMENT: _____

DEPARTMENT ABBREVIATIONS

PL	PLANNING
FIN	FINANCE