



City of Salinas

DEVELOPMENT ENGINEERING (PW) • 65 West Alisal Street • Salinas, California

Phone: (831) 758-7251 • www.cityofsalinas.org

FOOD VENDOR PERMIT APPLICATION

OFFICE USE ONLY

PERMIT NO.: _____ **ISSUE DATE:** _____ **RENEWAL DATE:** _____
 TAXABLE FOOD TRUCK TAXABLE FOOD TRAILER/STAND
 NON-TAXABLE FOOD TRUCK NON-TAXABLE FOOD TRAILER/STAND

APPLICANT INFORMATION: Complete all fields

NAME: _____ EMAIL: _____
 MAILING ADDRESS: _____ PHONE: _____
 _____ CELL: _____
 BUSINESS NAME: _____
 COMMISSARY ADDRESS: _____
 HEALTH PERMIT No.: _____ BUSINESS LICENSE No.: _____

VEHICAL INFORMATION: Complete all fields

VENDING UNIT/VEHICLE TYPE: _____ LICENCE PLATE No.: _____
(Truck/Van/Trailer/Stand)
 MAKE/MODEL/COLOR: _____
 DIMENSIONS: _____
(Length/Width/Height)

ADDITIONAL OWNER(S)/EMPLOYEE(S):

NAME	PHONE	LICENSE/I.D. No.

PROPOSED VENDING LOCATIONS & TIMES:

OPERATION LOCATION(S)	HOURS OF OPERATION	SEASON(S)

PROPOSED STORAGE LOCATION & TIME:

STORAGE LOCATION	STORAGE HOURS	SEASON(S)

DISPOSAL LOCATIONS: Complete all fields

ADDRESS OF GARBAGE DISPOSAL FACILITY: _____

ADDRESS OF LIQUID WASTE DISPOSAL FACILITY: _____

FACILITY CLEANING LOCATION: Complete all fields

ADDRESS OF CLEANING LOCATION: _____

GENERATOR INFORMATION: Complete all fields

MODEL: _____ SOUND RATING: _____ (decibels)

YEAR PURCHASED: _____

REQUIRED DOCUMENTS CHECKLIST:
ATTACH TO THIS APPLICATION

- Completed Food Vendor Permit Application form
- Permit fees (see fee schedule)
- Monterey County Environmental Health Permit - 1270 Natividad Road, Salinas, CA, 93901, (831)755-4505
- City of Salinas Business License – (831) 758-7211
- Current Vehicle Registration (*If catering unit is motorized or needs to be hauled*)
- Proof of Commercial Insurance and employee/driver coverage
- Valid California Driver’s License
- Government-issued Photo I.D. for applicant and employees (*Vendor I.D.s are not an acceptable photo I.D.*)
- Color photographs of the vehicle/truck/trailer/stand (4-sides). Email to encroachment@ci.salinas.ca.us
- Fire Department inspection signoff*
- Seller’s Permit* - *California Department of Tax and Fee Administration, (831)754-4500*
**exempt for non-taxable food items*

ACKNOWLEDGEMENT & SIGNATURE

I shall hold the City of Salinas, its officers, agents, and employees, and adjacent property owner free and harmless from any claims for damages to persons or property including legal fees and costs of defending any actions or suits thereon, including any appeals therefrom, which may result from the granting of this permit.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

DATE

OFFICE USE ONLY

ACCEPTABLE VEHICLE CONDITION:
 YES NO

ADEQUATE SAFETY EQUIPMENT:
 N/A YES NO

ACCEPTABLE GENERATOR:
 N/A YES NO

NOTES: _____
