



MOBILE VENDING APPLICATION

Special Activity Permits Division
1 Frank H. Ogawa Plaza, Suite 123, Oakland, CA 94612
Phone: 510-238-2273 Email: mobilevending@oaklandca.gov

*Please submit your application via email to MobileVending@oaklandca.gov or in person by scheduling an appointment. **Please note only completed applications will be accepted.**
City of Oakland vending regulations can be found on the Mobile Vending Program website:
<https://www.oaklandca.gov/services/mobile-vending>*

1. BUSINESS OWNER INFORMATION (VENDOR)

BUSINESS NAME: _____

DAYS OF WEEK / HOURS OF OPERATION: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

TYPE OF VENDOR: FOOD Merchandise

TYPE OF VENDING: Roaming Stationary (sidewalk or parking lane)
 Private Property (*please complete section five*)

TYPE OF VEHICLE: Sidewalk Trailer _____ Food Truck _____ Trailer (parking lane) _____
(License Plate #) (License Plate #) (License Plate #)

Pushcart _____ Personal vehicle _____ (non-food merchandise vendor only)
(License Plate #) (License Plate #)

Other _____ **NUMBER OF EMPLOYEES:** _____ (Not including vendor/owner.)

2. BUSINESS OWNER INFORMATION (PLEASE NOTE CONTACT INFORMATION IS NOT PUBLIC RECORD)

Owner Name: _____

Owner Mailing Address: _____

City/State: _____ **Zip:** _____

Owner phone #: _____ **Vendor E-mail:** _____

Have you identified an authorized agent to submit the application on your behalf? No Yes
If no, skip to Section 3. If yes, please complete below.

(Authorized Agent) First Name _____ Last name _____

Mailing Address: _____

City/State: _____ **Zip:** _____

Phone No.: _____ **E-mail:** _____

3. Business Owner Demographics (please note individual demographic information is confidential)

a. **Owner age:** 18-20 21-39 40-69 70 and over Decline to state

b. **Owner Race/Ethnicity:** African American/Black American Indian or Alaska Native Asian
 Caucasian/White Hispanic/LatinX Hawaiian or Pacific Islander
 Decline to state Other: _____

- c. **Owner Gender:** Male/Man Female/Woman Nonbinary Transgender Decline to state
- d. **Owner Disability:** Yes, I have a disability/One or more of the owners of the business entity has a disability
 No, I do not have a disability/None of the owners of the business entity has a disability
 Decline to state
- e. **Owner Education:** No High School Diploma High School Graduate or Equivalency
 Some college, No Degree Professional Certification Associate's Degree
 Bachelor's Degree Graduate or Professional Degree Decline to State

4. Would you like to be featured on our City of Oakland's mobile vending website so event organizers can contact you? No Yes

If yes, please provide below your company's name, type of food/merchandise, your website link, and/or email that you would like displayed on the City of Oakland's website:

Type of Food/Merchandise (Less than 10 words) _____

5. ARE YOU VENDING ON PRIVATE PROPERTY? YES NO (if yes, please complete the section below)

Proposed Address: Please attach a lease or letter of authorization from the property owner along with this application.

Proposed Vending Location Information

Address number _____ Address Street name _____ Address zip code _____

Property owner contact information

Owner name _____ Owner telephone number _____

Owner Email: _____ EXTRA NOTES _____

****REQUIRED--** Location(s) will be verified by city staff before issuing a permit**

6. ARE YOU VENDING ON PUBLIC RIGHT OF WAY¹? Yes No (If yes, please complete the section below)

***Roaming Vendors*:** Please indicated street intersections or address.

Location 1 _____ Location 2 _____

Location 3 _____ Location 4 _____

Location 5 _____ Location 6 _____

*Notes _____

***Roaming vendors stop only long enough to make a sale. Vending in one location for more than 60 minutes requires providing customers and employees with access to a restroom (See section #7).**

¹ Sidewalks or parking lanes. Not on private property

7. RESTROOM REQUIREMENTS FOR STATIONARY VENDORS

Restroom Authorization must be within 200-feet of the stationary vending location.

Name of Business Providing Restroom Access: _____

Business Address: _____

Business Owner's Name: _____

Business Phone number: _____ Business Owner Email _____

Vendor use of restroom: Date(s) _____ Hours of use _____

Business Owner Signature: _____ Date: _____

****Submit a copy of the authorization letter for employees to use the restroom along with this application. ****

****Note: City staff will verify agreement before issuing a vending permit****

8. ARE YOU VENDING WITHIN 300 FEET OF A SCHOOL Yes No (If yes, please complete the School Waiver below)

Vendors **may not sell within 300 feet of any school**, between 7 a.m. and 6 p.m., Monday through Friday, **unless the school's supervising entity* provides a waiver to serve healthy food or to sell merchandise.**

Applicant must complete this section if they are requesting a waiver from a school's supervising entity* to help the supervising entity make a determination:

Name of School: _____

Address of School: _____

I, the undersigned, have attached a copy of the menu, which shows that the vendor will only sell "healthy foods" such as fruits; non-fried vegetables; dairy foods; food made from nuts, seeds, legumes, cheese; foods made from whole grains (defined as 51% or more); foods which do not contain trans-fat. Beverages for sale in this definition include: water; 100% fruit or vegetable juice; nonfat and 1% milk; and non-dairy milk, such as soy. Sugar-sweetened beverages, candy and soda are not considered "healthy" under these guidelines.

Signature of Vendor/Owner

Date

TO BE COMPLETED BY SCHOOL'S SUPERVISING ENTITY* (if waiver is granted):

Specify if there is any time of day when vending is prohibited: _____

Please list any Restrictions: _____

***School's Supervising Entity:** _____

(Printed Name, Title)

(Phone Number)

(Signature)

(Date)

**For Oakland Unified School District schools (and certain Charter schools served by OUSD Nutrition Services), the supervising entity is the Executive Director of OUSD Nutritional Services.*

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9. RESTAURANT OR MERCHANDISE STORE WAIVER*

To be completed if truck or trailer is vending within 300-feet of a brick-and-mortar restaurant or merchandise store.

To be completed if a non-motorized sidewalk vendor (food or merchandise) will be vending within 100-feet of a restaurant or merchandise store.

Vendor must complete this section if they are requesting a waiver from a brick-and-mortar:

For the owners of a restaurant/café or merchandise store within a buffer distance of a site where a vendor is seeking a permit to vend: With my signature, I authorize this application from a vending business to sell within the above-described buffer distances.

1. Food vendors--Café/Restaurant #1 or Merchandise Vendor—Merchandise Store

Business Name: _____

Address: _____

Owner's Name: _____

Phone number: _____ **Email** _____

Signature : _____ **Date :** _____

2. Food vendors--Café/Restaurant #2 or Merchandise Vendor—Merchandise Store

Business Name: _____

Address: _____

Owner's Name: _____

Phone number: _____ **Email** _____

Signature : _____ **Date :** _____

3. Food vendors--Café/Restaurant #3 or Merchandise vendor—Merchandise Store

Business Name: _____

Address: _____

Owner's Name: _____

Phone number: _____ **Email** _____

Signature: _____ **Date:** _____

* Signatures required from merchandise (for merchandise vendors) stores and restaurants (for food vendors) *

10. SEND SUBMISSION REQUIREMENTS TO MOBILEVENDING@OAKLANDCA.GOV OR DROP OFF COMPLETED APPLICATION TO SPECIAL ACTIVITIES OFFICE, 1 FRANK H. OGAWA PLAZA – SUITE 123 MONDAY/WEDNESDAY/FRIDAY 9AM-12PM AND 1-3PM

The following items are required for ALL applications unless otherwise noted. Each and every item is required at the time of application submittal. APPLICATIONS WITH MISSING ITEMS WILL NOT BE ACCEPTED AND WILL BE CONSIDERED INCOMPLETE.

- (1) Mobile Vending Application (signed and completed)
- (2) Photographs for Food Vendors--showing front, side view and back (food vendors include the license plate and Alameda County Health decal) of the vending vehicle
- (3) Proposed Menu (of items to be offered at the food vending vehicle)
- (4) Photographs – Non-Food Merchandise vendors showing front, side view and back of the vending vehicle or tent/table used to vend
- (5) Copy of Health Permit(s) from Alameda County’s Department of Environmental Health (*Food vendors only*)
- (6) Verified Insurance Certificate and Endorsement Page

Please select which applies to your business.

- (7) Annual (*12 months*) application and permit fee of \$482.50 for food trucks, trailers and large pushcarts
- (8) Annual (*12 months*) application and permit fee of \$399.75 for push carts (non-motorized sidewalk pushcart)
- (9) Semi-Annual (*6 months*) application and permit fee of \$241.25 for food trucks, trailers and large pushcarts
- (10) Semi-Annual (*6 months*) application and permit fee of \$206.75 for push carts (non-motorized sidewalk pushcart)

If applicable:

- (11) Proof of Fire Permit and/or Inspection Report for (*Vendors Using Gas to Cook or Warm/Cool Food*)
- (12) Lease, or letter of authorization from property owner (*Vending on Private Property or City Owned Property*)¹

Note: Fees may apply for the permits or clearances required by other departments or agencies as part of this submittal.

I certify that I am the vendor and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of vending permits. I understand that approval of this application does not confer any form of permanent land use entitlement to the person, group, entity or property associated with this permit. I also understand that the permits cannot be transferred or otherwise assigned to another person or entity. I agree to abide by all local, State and Federal requirements, including, but not limited to those listed in an associated Approval Letter issued by the City of Oakland, buffer, clearance and permission requirements related to the location of vending, and those laws relating to minimum wage and sick leave for employees.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE READ THE ABOVE AND THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Vendor/Owner

Date