1414 Natividad Road, Salinas CA 93906 • (831) 755-3700 • www.montereysheriff.org

## VENDOR PERMIT APPLICATION INSTRUCTIONS

As of January 1996, the Monterey County Sheriff's Office is responsible for the application process and issuance of Itinerant Vendor's Permits. The application process is as follows.

#### **NEW APPLICATIONS**

- 1. Fill out the attached application form completely. Failure to do so will result in a delay in the issuance of your permit. Applications must be signed.
- 2. Attach a current copy of your driver's license or passport.
- 3. Attach two (2) passport sized photos to the space provided on the application form. Photos must have been taken within the last 60 days.
- 4. Attach copies of health certificates and most recent vehicle health inspection reports for each vehicle you wish listed on your permit, if you are vending food.
- 5. Attach copies of your California State Board of Equalization Seller's Permit.
- 6. Attach copies of vehicle registration and proof of vehicle insurance for each vehicle used.
- 7. Call the Sheriff's Office at 1414 Natividad Road, Salinas (831) 755-3716 for fingerprinting appointment Monday through Friday 8:45 am to 3:45 pm.

# **FEES**

\$88/\$176 permit fee (semi-annual / annual) (cash / check / money order / credit card) \$59 fingerprint fee (Department of Justice) (cash / money order / credit card)

Permit fees will be waived for veterans, interstate commerce applications – fingerprint fees will still be collected.

8. The application will be processed within 15 working days unless otherwise notified and the permit(s) will be mailed to the address listed on the application.

## RENEWALS

- 1. Fill out the attached application form completely. Application must be signed.
- 2. Attach a current copy of your driver's license or passport.
- 3. Attach two (2) passport sized photos to the space provided on the application form. Photos must have been taken within the last 60 days.
- 4. Attach copies of health certificates and most recent vehicle health inspection reports for each vehicle you wish listed on your permit, if you are vending food.
- 5. Attach copies of your California State Board of Equalization Seller's Permit.
- 6. Attach copies of vehicle registration and proof of vehicle insurance for each vehicle used.
- 7. Pay \$88 semi-annual (Jan 1 or Jul 1) or \$176 annual permit fee.
- 8. The application will be processed within 15 working days unless otherwise notified and the permit(s) will be mailed to the address listed on application.

DUPLICATE PERMITS WILL BE ISSUED AT A COST OF \$10 SHOULD YOUR PERMIT BE LOST.



□ NEW

□ RENEWAL

# APPLICATION FOR ITINERANT VENDOR'S PERMIT

Attach

2x2 Passport

**Photos Here** 

www.montereysheriff.org

414 Natividad Road, Salinas CA 93900 (651) 735-5700 www.montereysnemi.org

☐ FINGERPRINTS TAKEN / FEES PAID

□ ANNUAL (RENEW JAN 1) \$176

□ PERMIT FEES PAID □ SEMI-ANNUAL (RENEW JAN 1/JUL 1) \$88									(Taken within the last 60 days)					
□ PERM	IIT FEE W	AIVED – SI	EE BUSII	NESS INFORM	MATION ON	PAG	E 2					, ,		
	PERSONAL INFORMATION													
Last Name First Name						Middle			e .	Age Date of Birth				
Sex	ex Race Height Weight Hair Color Eye Col						Residence Phone				Business Phone			
Residence Address						City				State		Zip		
Mailing Address (if different from above)						Cit	City			State		Zip		
Driver's License #							State of Issue			Expiration Date				
Social Security Number							E-mail Address							
				VEI	HICLE INFO	RMA	TION							
Make Model			odel			Year Lie		Lice	cense #					
Make			M	Model			Year Lic			cense #				
□ Proof o	of vehicle i	nsurance v	with exp	<b>iration date</b> (r	nust match v	ehicl	e(s) listed above)							
				AR	REST INFOR	RMA	TION							
Have you	ı ever beei	n arrested	? (except	minor traffic	violations)		IO 🗆 YES							
If YES, lis	t date, tim	ie, place, n	nature of	offense and p	ounishment o	or pe	nalty:							
				HEALTH D	EPARTMEN <sup>®</sup>	T INI	FORMATION							
Health P	ermit(s)	□ ATTA	CHED	□ NOT REQU	JIRED									
					MERCHAN									
Products	sold / Typ	e of goods	s (if prod	uce, complete	page 2, line	5)	Where purchase	ed / prep	pared					

(over)

BUSINESS INFORMATION												
State Board of Equalization Seller's Permit No. (attach copy)												
☐ Fixed place of business ☐ No fixed place of business in Monterey County												
Address:												
□ Self-employed, company name:												
Employed by, company name:												
□ Farmer/Employee selling farm products												
Address where produced: By self Other:												
□ Veteran (fee waived) □ Original discharge/certified copy examined by clerk												
Branch of service: Honorable discharge date:												
□ Interstate commerce (fee waived) □ Credentials submitted												
Firm Name:												
Address:												
□ Merchandise shipped from: □ Direct to Consumer												
Applicant Signature Phone Date												
DO NOT WRITE IN THIS SECTION. SHERIFF OFFICE USE ONLY.												
Name (L, F, M) 1)												
3)												
Permit Fees Paid: \$Date Paid:Fees Waived: Reason												
□ Form Signed □ DOJ Copy/Date Received:□ 2 Photos □ Photos Verified to ID Picture DOB:												
□ DL/ID/Passport/ST & Expires: □ BOE Copy, BOE Date Validated: Health Permit Copy, Expires:												
□ Vehicle Reg. ST & Expires:□ Proof of Insurance, VIN# Matches Veh.Reg., Expires:□ Data Update□												
□ CJIS Criminal Records Check / Date: □ CLETS Warrants Check: 1) W S E U 2) W S E U 3) W S E U												
Permit Denied – Reason:												