



MONTEREY COUNTY, CALIFORNIA
SHERIFF'S OFFICE
Proudly protecting the community since 1850.

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

**APPLICATION FOR
ITINERANT
VENDOR'S PERMIT**

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

\$90.50/\$181 permit fee (semi-annual / annual) (cash / check / money order / credit card)

\$60 fingerprint fee (DOJ \$32 + Sheriff \$28) (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 \$90.50 semi-annual (Jan 1 or Jul 1) or \$181 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.



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- ☐ NEW ☐ FINGERPRINTS TAKEN / FEES PAID
☐ RENEWAL ☐ ANNUAL (RENEW JAN 1) \$181
☐ PERMIT FEES PAID ☐ SEMI-ANNUAL (RENEW JAN 1/JUL 1) \$90.50
☐ PERMIT FEE WAIVED – SEE BUSINESS INFORMATION ON PAGE 2

Attach
2x2 Passport
Photos Here

(Taken within the last
60 days)

PERSONAL INFORMATION										
Last Name					First Name			Middle	Age	Date of Birth
Sex	Race	Height	Weight	Hair Color	Eye Color	Residence Phone			Business Phone	
Residence Address						City			State	Zip
Mailing Address (if different from above)						City			State	Zip
Driver's License #						State of Issue			Expiration Date	
Social Security Number						E-mail Address				
VEHICLE INFORMATION										
Make			Model			Year		License #		
Make			Model			Year		License #		
<input type="checkbox"/> Proof of vehicle insurance with expiration date (must match vehicle(s) listed above)										
ARREST INFORMATION										
Have you ever been arrested? (except minor traffic violations) <input type="checkbox"/> NO <input type="checkbox"/> YES										
If YES, list date, time, place, nature of offense and punishment or penalty: _____										

HEALTH DEPARTMENT INFORMATION										
Health Permit(s) <input type="checkbox"/> ATTACHED <input type="checkbox"/> NOT REQUIRED										
MERCHANDISE										
Products sold / Type of goods (if produce, complete page 2, line 5)						Where purchased / prepared				

(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 productsAddress 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) _____ 2) _____

3) _____ 4) _____

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: _____

Issued Permit No. _____ Completed by: _____ Date Mailed: _____