



# APPLICATION FOR MOBILE FOOD VENDING PERMIT SIDEWALK VENDORS

Special Activity Permits Division: 1 Frank H. Ogawa Plaza, Suite 123, Oakland, CA  
Information: 510-238-2273, [mobilefoodvending@oaklandca.gov](mailto:mobilefoodvending@oaklandca.gov)

**Only complete applications will be accepted and must be submitted in-person. City of Oakland sidewalk vending regulations can be found on the Mobile Food Vending Program website: [bit.ly/OaklandMobileFood](http://bit.ly/OaklandMobileFood)**

## 1. GENERAL INFORMATION

BUSINESS NAME: \_\_\_\_\_

DAYS OF WEEK / HOURS OF OPERATION: \_\_\_\_\_

FREQUENCY OF VENDING:  Annual  Seasonal

TYPE OF VENDING:  Roaming  Stationary

TYPE OF FACILITY:  Pushcart  Trailer \_\_\_\_\_  Other \_\_\_\_\_

(License Plate #)

NUMBER OF EMPLOYEES: \_\_\_\_\_ (Not including vendor.)

## 2. APPLICANT INFORMATION Original signatures or clear & legible copies are required.

Vendor Name: \_\_\_\_\_

Vendor Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vendor Phone No.: \_\_\_\_\_ Vendor E-mail: \_\_\_\_\_

### To be completed only if Applicant is not the Vendor:

I authorize the applicant indicated below to submit the application on my behalf. \_\_\_\_\_

*Signature of Vendor*

Applicant (Authorized Agent) Name, if different from Vendor: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone No.: \_\_\_\_\_ Applicant E-mail: \_\_\_\_\_

*I certify that I am the vendor (or Applicant) 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 food vending permits as determined by the Assistant to the City Administrator in the Special Activity Permits Division. 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 permit 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 or Authorized Agent*

\_\_\_\_\_  
*Date*

**3. FIRE REVIEW** Portions of this section must be completed by Oakland Fire Prevention Bureau Staff.

Applicant must complete this mandatory section to help Fire Prevention Bureau staff determine if a fire safety permit and/or inspection is required. Note that separate fees may apply.

**Business Name:** \_\_\_\_\_ **Applicant Name:** \_\_\_\_\_  
**Proposed Menu:** \_\_\_\_\_ **Type of Facility:**  Pushcart  Trailer  Other

**Will the following systems be used during vending operations?**

- Generators:**  YES  NO  
**Natural Gas**  YES  NO  
**Propane**  YES  NO  
**Butane**  YES  NO  
**Other Heating, Cooling or Electrical Systems**  YES  NO

**If yes, describe:** \_\_\_\_\_

**TO BE COMPLETED BY OAKLAND FIRE PREVENTION BUREAU STAFF:**

- Fire Clearance is Not Required  
 Fire Clearance is Required (A copy of the Fire Clearance is submitted with this application). \_\_\_\_\_  
*(Permit Number)*

**Oakland Fire Department Staff:** \_\_\_\_\_  
*(Printed Name, Title)* *(Phone Number)*

\_\_\_\_\_  
*(Signature of Fire Department Staff)* *(Date)*

**4. SCHOOL WAIVER** To be completed only if vendor obtains a school waiver as detailed below.

Vendors may **not** sell within 300 feet of any school, between 7 a.m. and 6 p.m., Monday through Friday, unless a waiver from the school's **supervising entity\*** to serve healthy food is on file with the City of Oakland.

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:

**Business Name:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Menu Description:** \_\_\_\_\_

**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 or Authorized Agent*

\_\_\_\_\_  
*Date*

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

Specify if there is any time of day when food vending is prohibited (i.e. 11am – 12pm): \_\_\_\_\_

School's Supervising Entity\*: \_\_\_\_\_  
*(Printed Name, Title)*

\_\_\_\_\_  
*(Phone Number)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

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

## 5. SUBMITTAL REQUIREMENTS

**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. Fees are due at the time of application submittal.**

- (1) Mobile Food Vending Application (this form, signed and completed)
- (2) Photographs (showing different views of the vending facility)
- (3) Proposed Menu (of items to be offered at the food vending facility)
- (4) Copy of Health Permit(s) from Alameda County's Department of Environmental Health
- (5) Insurance Certificate (Commercial General Liability and if there are employees, Worker's Compensation; detailed requirements on the City's Mobile Food Vending webpage)

**If applicable:**

- (6) Proof of Fire Permit and/or Inspection

**FEES<sup>1</sup>:**

	<b>New</b>	<b>Renewal</b>
<b>Annual Permit</b>	\$622.13 per vending facility per year	\$629.50 per vending facility per year
<b>Seasonal Permit</b>	\$372.13 per vending facility per 90 days	\$372.13 per vending facility per 90 days

<sup>1</sup> The fees charged will be those that are in effect at the time of application submittal. All fees are due at submittal of application. Note that additional fees may apply for the permits or clearances required as part of this submittal.