

APPLICATION FOR ITINERANT VENDOR'S PERMIT

(PLEASE PRINT CLEARLY)

<input type="checkbox"/> NEW	<input type="checkbox"/> FINGERPRINTS TAKEN/FEES PAID
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> ANNUAL (RENEW JAN 1) \$100
<input type="checkbox"/> PERMIT FEES PAID	<input type="checkbox"/> SEMI-ANNUAL (RENEW JAN 1/JULY 1) \$50
<input type="checkbox"/> FEES WAIVED	(SEE BUSINESS INFORMATION)

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MI	DATE OF BIRTH:		
ADDRESS:					
MAILING ADDRESS: (IF DIFFERENT THAN RESIDENCE ADDRESS)					
SOCIAL SECURITY #:		DRIVER'S LICENSE #:	ST:		
SEX:	RACE:	HEIGHT:	WEIGHT:	HAIR:	EYE:

VEHICLE INFORMATION

MAKE:	MODEL:	YR:	LICENSE NO:
MAKE:	MODEL:	YR:	LICENSE NO:
PROOF OF VEHICLE INSURANCE: <input type="checkbox"/>			

ARREST INFORMATION

HAVE YOU EVER BEEN ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>

HEALTH DEPARTMENT INFORMATION

HEALTH PERMIT (S) ATTACHED <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/>

MERCHANDISE

PRODUCTS SOLD:
WHERE PURCHASED / PREPARED:

BUSINESS INFORMATION

STATE BOARD OF EQUALIZATION SELLERS PERMIT #: _____

FIXED PLACE OF BUSINESS NO FIXED PLACE OF BUSINESS IN MONTEREY CO.
ADDRESS: _____

SELF EMPLOYED, COMPANY NAME: _____

EMPLOYED BY: _____
COMPANY NAME: _____

FARMER/EMPLOYEE SELLING FARM PRODUCTS

PRODUCED AT: _____ 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'S SIGNATURE: _____ DATE: _____

PHONE: () _____

ATTACH
PASSPORT
PHOTOS
HERE

**** FOR OFFICE USE ONLY ****

PERMIT ISSUED DATE: _____ PERMIT NO: _____

PERMIT MAILED DATE: _____

PERMIT DENIED REASON: _____

CRIMINAL RECORDS CHECK VEHICLE LICENSE CHECK

WARRANT CHECK DRIVER'S LICENSE CHECK