



City of  
**Los Banos**  
*At the Crossroads of California*

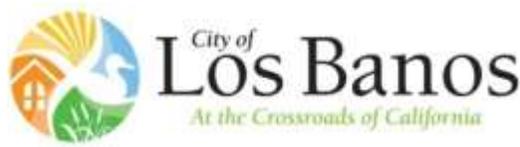
Community & Economic  
Development Department  
520 J St.  
Los Banos, CA 93635  
Phone: (209) 827-7000 ext. 2433  
[www.losbanos.org](http://www.losbanos.org)

## **SIDEWALK VENDOR PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

- Completed Application
  - If the applicant is an agent of an individual, company, partnership, corporation, or other entity, provide the name and business address of the principal.
- Application fee - \$450 initial; \$450 renewal
- For Stationary Sidewalk Vendors
  - Color photo(s) of location
  - Site Plan
    - 8.5" x 11" format
    - Depicting the the proposed vending location, including identification of major cross streets and the side of the street on which vending will occur
- For Roaming Sidewalk Vendors
  - Drawing of the intended path of travel
    - 8.5" x 11" format
    - Depicting the the proposed vending path, including identification of major cross streets and the side(s) of the street on which vending will occur
- Photos – all four (4) sides of the sidewalk vending unit & any applicable signage
  - The vending unit shall have identification on the right and left side of the unit; letters are to be a minimum of four (4) inches and consist of the following information:
    - Name of business
    - Phone number
    - Business License Number
    - Sidewalk Vendor Permit Number
- If selling food or food products:
  - Copy of a valid Health Permit issued by the Merced County Department of Environmental Health and proof of all required approvals for the applicant
  - Copy of certification of completion of a food handler course
- Copy of a valid Seller's Permit issued by the California Department of Tax and Fee Administration for a location within the City of Los Banos, if applicable

- Proof of Completion of Livescan - a background check through the Los Banos Police Department must be obtained for the Sidewalk Vendor and each person operating or vending from the vending unit(s)
- Copy of Certificate of Liability Insurance Policy providing minimum coverage of \$1,000,000 for injury or death arising out of the sidewalk vending activities. All insurance companies affording coverage shall be required to add the City as an additional insured under their insurance policy. A certificate of insurance and a copy of the policy endorsement.

***Note:*** Staff may deem additional submittal information necessary. Incomplete applications will delay the processing of this permit. Permit approval is subject to verification of information contained in the application, validity of permits/licenses required, satisfaction of requirements set forth in the Los Banos Municipal Code, and clearance of safety inspection from the Fire Department.



<b>City Use Only</b>	
Sidewalk Vendor Permit No.:	_____
Fees Due: <b>\$250</b>	Receipt No.: _____
Date Received:	_____
Approved by: _____	Date: _____

## SIDEWALK VENDOR PERMIT APPLICATION

**520 J STREET, LOS BANOS, CA 93635 – PHONE (209) 827-7000 EXT. 2433**

**APPLICATION: (Check One)**     New Application     Renewal Application for Sidewalk Vendor Permit No. \_\_\_\_\_

**APPLICANT INFORMATION**

Full Legal Name			
Home Address (No PO Boxes)		City/State/Zip	
Home Phone (    )	Cell Phone (    )		
Email Address			

**VENDOR(S) PERSON-IN-CHARGE INFORMATION**

Full Legal Name			
Home Address (No PO Boxes)		City/State/Zip	
Home Phone (    )	Cell Phone (    )		
Email Address			

**VENDOR(S) INFORMATION (IF MORE THAN ONE VENDOR, LIST EACH ADDITIONAL ON SEPARATE SHEET OF PAPER)**

Full Legal Name			
Home Address (No PO Boxes)		City/State/Zip	
Home Phone (    )	Cell Phone (    )		
Email Address			

**VENDING INFORMATION**

Sidewalk Vendor Type: <b>(Check one)</b> <input type="checkbox"/> Stationary <input type="checkbox"/> Roaming	How many vending carts will you be operating?	
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Days & Hours of Operation	
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Dimensions of Vending Cart(s)	
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If Roaming, describe the intended path of travel. Attach additional sheet of paper, if necessary.

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If Stationary, describe the proposed vending location, including identification of major cross streets and the side of the street on which vending will occur. Attach additional sheet of paper, if necessary.

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If selling food, describe the type of food to be sold, if foods are prepared on site, whether foods will require a heating element inside or on the sidewalk vending cart for food preparation, and the type of heating element. Attach additional sheet of paper, if necessary.

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If selling merchandise, describe the merchandise to be sold. Attach additional sheet of paper, if necessary.

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### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0240500

ORI (Code assigned by DOJ)

License, Certificate, or Permit  
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

CITY OF LOS BANOS

Agency Authorized to Receive Criminal Record Information

00414

Mail Code (five-digit code assigned by DOJ)

945 FIFTH ST

Street Address or P.O. Box

BRENDA GEARY

Contact Name (mandatory for all school submissions)

LOS BANOS

City

CA

State

93635

ZIP Code

(209) 827-7070

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex  Male  Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number 110220

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

**City of Los Banos  
Community and Economic Development  
Planning Entitlements/Projects Fee Schedule**

License/Permit/Entitlement Type	Basic Fee	State Fee	Additional Fee	Notes	Total Fee
<b>Mobile/Sidewalk Vendor Permits</b>					
Mobile Vendor Permit Initial	\$ 625.83				\$ 625.83
Mobile Vendor Permit Renewal	\$ 97.62				\$ 97.62
Sidewalk Vendor Permit Initial	\$ 450.00				\$ 450.00
Sidewalk Vendor Permit Renewal	\$ 450.00				\$ 450.00
<b>Cottage Food Operator Permit</b>					
Cottage Food Operator Permit (one time)	\$ 455.43				\$ 455.43
<b>Planning Permits</b>					
Administrative Permit - other	\$ 720.98			Deposit/ Cost Recovery Contract Required	\$ 720.98
Special Events Permit - minor event	\$ 109.33				\$ 109.33
Special Events Permit - major event	\$ 311.14				\$ 311.14
Special Events Permit - major event: Religious Processions (1.25 miles one way max)	\$ 311.14		\$ 444.22		\$ 755.36
Special Events Permit - major event: Street Closures (3 blocks or less)	\$ 311.14		\$ 229.60		\$ 540.74
Special Events Permit - major event: Parades (standard May Day Parade route)	\$ 311.14		\$ 1,517.64		\$ 1,828.78
Residential Neighborhood Block Party Permit	\$ 203.90				\$ 203.90
Farmers' Market Permit	\$ 230.42				\$ 230.42
Temporary Use Permit - minor use	\$ 230.42				\$ 230.42
Temporary Use Permit - major use	\$ 311.14				\$ 311.14
<b>Miscellaneous</b>					
Donation Collection Bin Initial	\$ 432.81			Non-refundable	\$ 432.81
Donation Collection Bin Renewal	\$ 163.24			Non-refundable	\$ 163.24
<b>Signage</b>					
Master Sign Plan	\$ 1,681.41				\$ 1,681.41
Sign Review	\$ 82.00				\$ 82.00
Temporary Sign Review	\$ 82.00			Per occurrence	\$ 82.00
<b>Planning Project Entitlements</b>					
Annexation	\$ 23,731.72			Deposit/ Cost Recovery Contract Required	\$ 23,731.72
General Plan Amendment	\$ 8,034.82			Deposit/ Cost Recovery Contract Required	\$ 8,034.82
Zone Change/Pre-Zone	\$ 7,489.10			Deposit/ Cost Recovery Contract Required	\$ 7,489.10
Conditional Use Permit	\$ 1,940.24			Deposit/ Cost Recovery Contract Required	\$ 1,940.24
Site Plan Review	\$ 3,133.79			Deposit/ Cost Recovery Contract Required	\$ 3,133.79
Variance	\$ 1,594.30			Deposit/ Cost Recovery Contract Required	\$ 1,594.30
Tentative Subdivision Map - up to 100 lots	\$ 9,259.06			Deposit/ Cost Recovery Contract Required	\$ 9,259.06
Tentative Subdivision Map - 101+ lots	\$ 12,101.86			Deposit/ Cost Recovery Contract Required	\$ 12,101.86
Revised Tentative Map	\$ 4,575.05			Deposit/ Cost Recovery Contract Required	\$ 4,575.05
Planned Development	\$ 4,554.77			Deposit/ Cost Recovery Contract Required	\$ 4,554.77
Development Agreement	\$ 3,500.00			Deposit/ Cost Recovery Contract Required	\$ 3,500.00
Final Development Plan	\$ 2,000.00			Deposit/ Cost Recovery Contract Required	\$ 2,000.00
Environmental Review/Categorical Exemption	\$ 197.75			Deposit/ Cost Recovery Contract Required	\$ 197.75
Negative Declaration/Initial Study	See Notes			Actual Cost + 20%/Deposit/Cost Recovery Contract	\$ -
Environmental Impact Report	See Notes			Actual Cost	\$ -
Minor Subdivision/Parcel Map	\$ 1,024.15			Deposit/ Cost Recovery Contract Required	\$ 1,024.15
Lot Line Adjustment/Parcel Merger	\$ 415.16				\$ 415.16
Reimbursement Agreement	\$ 3,500.00			Deposit/ Cost Recovery Contract Required	\$ 3,500.00
Appeal	\$ 2,587.84				\$ 2,587.84
Time Extension	\$ 2,404.91				\$ 2,404.91

**Notes:**  
State established \$1.00 fee for Business Licenses as mandated by Senate Bill 1186 effective January 1, 2013. State Fee increased to \$4.00 as mandated by Assembly Bill 1379 effective January 1, 2018 thru December 31, 2023.

Fees adopted by City Council Resolution No. 6131 on 9/18/19; fees effective 12/1/19  
Commercial Business License renewal basic fee subsidized/reduced by City Council Resolution No. 6158; adopted 11/20/19; fee effective 12/1/19