



CITY OF HIGHLAND

ICE CREAM VENDOR BUSINESS LICENSE APPLICATION CHECKLIST

_____	APPLICATION FEE	\$255
_____	LIVE SCAN (PER PERSON)	\$34
_____	AB 1379 (State Fee)	\$4
	TOTAL FEES DUE:	<u>\$293</u>

To expedite the licensing process, please make sure that the following items are attached, if applicable. Missing items may delay this process. Please allow 3-4 weeks to process this application, once all

- _____ Copy of Resale or Wholesale permit. You may need to obtain a seller's permit if you are engaged in business in California and sell merchandise that is subject to sales or use tax. Call the California Department of Tax and Fee Administration at (800) 400-7115 or visit www.cdtfa.ca.gov to inquire about applying for your permit **(Required)**
- _____ Copy of Auto liability insurance for ice cream truck/van **(Required)**
- _____ Copy of Health Permit 385 N Arrowhead Ave. San Bernardino, CA (909) 387-4323-MUST HAVE Health Permit if business is any of the following: Restaurant/prepackaged food stores/wholesale food manufacturers and distributors/mobile food facilities/commissaries/vending machines/massage clinics/tattooing, body piercing, and permanent cosmetics clinics/apartments/camps/small water systems/liquid waste haulers/medical waste generators/certified farmers markets **(Required)**
- _____ Live Scan- each driver or person that will be selling on the truck must apply for Live Scan Fingerprints. * Call Highland Police Department to schedule appointment **(Required)**
- _____ Copy of Fictitious Business Name- 222 W. Hospitality Lane- San Bernardino (Any business name that does not include the last name (surname) of the owner, or which implies additional owners such as "Company" or "and Son's")
- _____ Articles of Incorporation or Articles of Organization (if Corp or LLC is checked)

Office Use Only

- _____ Verify all applicable fields are filled out and legible and enter all applicable fields
- _____ Verify each driver/operator filled out Page 2 (section 3, 4 & 5) and paid for Live Scan
- _____ Verify each driver/operator submitted California ID/or Drivers License
- _____ Verify Fictitious Business Name Statement Requirement
- _____ Verify auto insurance is for the ice cream truck/van and that owner is listed on policy
- _____ Once all departments have approved change status to Active/Issued and send out license in the m



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CITY OF HIGHLAND APPLICATION FOR ICE CREAM VENDOR

APPLICATION	FEE: \$ 255.00
LIVE SCAN	FEE: \$ 34.00 (per person)
AB 1379 (State Fee)	FEE: \$ 4.00
TOTAL FEES DUE:	\$ 293.00

Application is hereby made for a City of Highland license to engage in the business of selling ice cream from a cart or vehicle. Each vehicle must have its own business license and the driver or operator must carry ID at all times. Ice cream vendors licenses are for the sale of ice cream, candy, soda's and other edible snacks only. Lighters, fake guns, laser pointers, smoke bombs, safe and sane fireworks and other gadgets are not allowed!

Section 1

Applicant Name: _____
Applicant Address: _____
Mailing Address: _____
Applicant Phone & Email: _____

Employer Name: _____
Employer Address: _____
Employer Phone #: _____

Section 2

Identify SIC Code*: _____ Resale Permit#: _____
SIC Description: _____ Sign here to certify not subject to Resale Permit: _____
WDID # (if applicable): _____ Health Permit #: _____
Sign here to certify not subject to Health Permit: _____

*Standard Industrial Classification (SIC) Code information can be found at <https://www.osha.gov/pls/imis/sicsearch.html>

Location where Ice Cream Truck/cart is stored:

Specific locations and times of day applicant intends to sell ice cream:

This page should be filled out separately for each person working. Live scan fees per person also required.

Section 3

Name: _____ Nickname/Alias: _____
 DOB: _____ Place of Birth: _____
 Hair Color: _____ Do you have a permit to carry a concealed weapon?
 Eye Color: _____ Yes _____ No
 Weight: _____
 Height: _____ If Yes, give date and place of issuance of permit:
 SSN#: _____

Section 4

List all criminal convictions, including offense, date, and sentences. *Omit traffic and parking offenses

Are you required to register as a sex offender under Penal Code Section 290?

Yes _____ No _____

If yes, give details:

Section 5

I hereby apply for one of the following exemptions and have submitted valid proof:

Disability

Under 18- Parent permission required

I declare under penalty of property, by signing as (one of) the owner(s), principal officer(s) listed below that this application, including attachments, has been examined by me, and to the best of my knowledge believe to be true, accurate, and complete of all facts. I further certify that the above business will be conducted in compliance with the applicable provisions of the City of Highland Municipal Codes and Ordinances including state and federal laws. In addition, I assume responsibility to reapply for this business license on an annual basis and pay the license fees on time. I understand that I may have the business license revoked due to non-compliance of the conditions set forth by the City of Highland. I also agree to notify the City of Highland of any and all changes in business status relating to this application. As a courtesy we will send you a reapply notice. If you do not receive the notice, it is your responsibility to reapply by the expiration date.

Applicant Signature

Date

HIGHLAND POLICE DEPARTMENT NOTES:

I have investigated this application and recommend it be :

Approved

Denied

Notes:

Detective Signature: _____

Date: _____

OFFICE USE ONLY

X

Public Services Approval

Date