

CITY OF GLENDALE  
**APPLICATION FOR NON-MOTORIZED/FREESTANDING VENDING CART PERMIT**  
Chapter 5.37, GMC (also Chapter 30.118)

Annual Application/Permit Fee   \$250.00  

BUSINESS NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

LOCATION OF CART (street address and/or cross street(s)) \_\_\_\_\_

LOCATION OF CART AFTER CLOSE OF BUSINESS HOURS \_\_\_\_\_

DAYS AND HOURS OF OPERATION \_\_\_\_\_

-----  
OWNERSHIP:      Individual \_\_\_\_\_      Partnership \_\_\_\_\_      Corporation \_\_\_\_\_

INDIVIDUAL:      Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

PARTNERSHIP:      Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

CORPORATION:      Principal Officer or any person holding 25% or more of shares in stock outstanding or ownership of a beneficial interest or lien.

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

CART OWNER (if other than above):      NAME: \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Have you or any partnership or corporation of which you were a member or officer had any license or permit denied, suspended or revoked by any state, territory or governmental agency? \_\_\_\_\_

If you answered "yes" to the preceding question, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license or permit numbers, reasons and convictions. Any plea of nolo contendere must be disclosed. ATTACH COMPLETED SUPPLEMENTARY PAGE IF REQUIRED.

ATTACH PHYSICAL DESCRIPTION OF CART (color photograph or rendering)

DETAILED DESCRIPTION OF GOODS OR SERVICES TO BE SOLD OR PROVIDED FROM CART:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the provisions, rules and regulations of the City of Glendale, California, and the Municipal Code governing the permitting of Freestanding, portable, non-motorized vending carts.

I declare under penalty of perjury that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license or permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

\_\_\_\_\_  
(Notary Public or any other person authorized to administer oaths.)



818-548-2090

**CITY OF GLENDALE  
PERSONAL AFFIDAVIT IN SUPPORT OF APPLICATION**

PLEASE PRINT OR TYPE

DATE: \_\_\_\_\_

FULL NAME \_\_\_\_\_  
Last First Middle

RESIDENCE \_\_\_\_\_  
Street City State/Zip  
HOME PHONE ( ) \_\_\_\_\_

BUSINESS \_\_\_\_\_  
Street City State/Zip  
BUSINESS PHONE ( ) \_\_\_\_\_

DESCRIPTION \_\_\_\_\_  
Date of Birth Sex Hgt. Wgt. Hair Color Eye Color

DRIVER'S LICENSE NO. \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

List any and all other names used for legal identification:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony and/or misdemeanor? If answer is "YES" list the dates, specify the conviction, and identify the court and case number.

\_\_\_\_\_  
\_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE PROVISIONS, RULES AND REGULATIONS OF THE CITY OF GLENDALE, CALIFORNIA AND THE MUNICIPAL CODE GOVERNING THE TYPE OF LICENSE OR PERMIT FOR WHICH I AM APPLYING.**

Organization: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_