



TURLOCK POLICE DEPARTMENT APPLICATION FOR SIDEWALK VENDOR PERMIT



POSITION APPLYING FOR

- ☐ Owner
☐ Operator
☐ Employee

☐ New ☐ Renewal

OFFICE USE ONLY

Application Received _____
Fees Paid _____
Amount _____ Date _____
Fingerprint Appointment _____
Date _____ Time _____
Status of Application _____
Date _____
Permit Valid _____ / _____
Date to Date

I HEREBY SUBMIT MY APPLICATION for a Sidewalk Vendor permit pursuant to the of the City of Turlock City Council Resolution Number 2025-134.

Applicant Name: _____ DOB: _____
Last First Middle

Aliases, or other names used: _____ Sex: Male ☐ Female ☐

Address: _____
Number Street City Zip

Prior Addresses: _____
(List for past 3 years)

Phone: _____
Home Cell Msg/Other

CA Drivers License / ID Card Number: _____
- OR -
Social Security or Individual Taxpayer Identification Number: _____

Physical Description: _____
Height Weight Hair Eyes

Scars / Marks / Tattoos: _____

BUSINESS INFORMATION

Name of the Business: _____

Address of Business: _____

Phone Number of Business: _____

CA Franchise Tax Board Identification Number: _____

CA Board of Equalization Seller's Permit Number: _____

City of Turlock Business License issued (*required*)..... ☐ Yes (*attached*) ☐ No

California Food Handler Card issued (*required for food vending*)..... ☐ Yes (*attached*) ☐ No

Stanislaus County itinerant vendor permit issued (*required for food vending*).. ☐ Yes (*attached*) ☐ No

"Food" means any type of edible substance or beverage intended primarily for consumption by human beings.

PROPOSED OR ESTABLISHED BUSINESS HOURS:

TIME	MON	TUE	WED	THUR	FRI	SAT	SUN
OPEN							
CLOSE							

TYPE OF PERMIT REQUESTED: (Check all applicable choices)

☐ STATIONARY SIDEWALK VENDOR *(prohibited in residential zones of the city)*

"Stationary Sidewalk Vendor" means a Sidewalk Vendor who vends from a fixed location.

☐ ROAMING SIDEWALK VENDOR *(prohibited in residential areas between 7:00 p.m. and 7:00 a.m.)*

"Roaming Sidewalk Vendor" means a Sidewalk Vendor who moves from place to place with stops to complete a transaction or transactions.

TYPE OF MERCHANDISE / PRODUCTS REQUESTED TO BE SOLD: (Check all applicable choices)

☐ CONSUMABLE GOODS

TYPE: _____

☐ NON-CONSUMABLE, TANGIBLE, OR NON-TANGIBLE ITEMS

TYPE: _____

☐ RECOGNIZED NON-PROFIT ORGANIZATION

THE ITEMS OFFERED FOR SALE WILL BE:

☐ New ☐ Used ☐ Reconditioned/Remanufactured

SIMILAR BUSINESS OR EMPLOYMENT HISTORY:

Please indicate the name of each City, County, and State, including addresses, in which the applicant has been engaged in or has conducted Sidewalk Vendor activity within the last 5 years?

Business/Occupation	Address	Phone	Date	
			From	To

Was any action ever taken against your license or permit? Yes ☐ No ☐

Was your license or permit ever suspended or revoked? Yes ☐ No ☐

If you answered yes to either of the above questions, provide a detailed explanation below. Include dates, locations, and involved agencies.

NOTICE:

An application is required for each individual desiring to conduct vending on a sidewalk. No person shall engage in, conduct, or carry on the business of vending on a sidewalk without a permit issued. A Sidewalk Vending Permit shall not be transferable to any other entity or person. Any change in ownership, sidewalk operation, or vending activity of an issued Sidewalk Vending Permit requires the filing of a new permit application.

If the business applying for a Sidewalk Vendor permit is a corporation or partnership, list the following information for each of the Officers, Directors, Principals, and Partners, including limited Partners, and Stockholders holding 5% or more of the stock must be listed on this application.

☐ Check if business is not a corporation or partnership

Full Name: _____

Residence Address: _____

Residence Telephone Number: _____ Date of Birth: _____

Title or Status: _____

Full Name: _____

Residence Address: _____

Residence Telephone Number: _____ Date of Birth: _____

Title or Status: _____

Full Name: _____

Residence Address: _____

Residence Telephone Number: _____ Date of Birth: _____

Title or Status: _____

BACKGROUND INFORMATION:

Have you ever been arrested or convicted of any of the following?

	YES	NO
1. Have you ever been arrested for or convicted of any crime, including pleas of nolo contendere?	_____	_____
2. Have you ever been charged by information or under indictment by any court, for any crime?	_____	_____
3. Have you ever been a fugitive from justice?	_____	_____
4. Are you under 18 years of age?	_____	_____
5. Are you currently on Probation or Parole for any crime? (Include State or Federal)	_____	_____
6. Have you ever been the subject of any restraining order, whether temporary or permanent?	_____	_____
7. Have you ever been an unlawful user or addicted to any narcotic, drug or alcohol?	_____	_____
8. If you were in the military, were you ever arrested, charged or convicted of any crime?	_____	_____
9. Have you ever been found by a court to be a danger to yourself or others?	_____	_____
10. Have you ever been found by a court to be not guilty by reason of insanity?	_____	_____
11. Have you ever been found by a court to be a mentally disordered sex offender?	_____	_____

If you answered YES to any of the above questions, give a complete explanation of each, including type of offense with dates and locations.

I certify, under the penalty of perjury, that by signing and submitting this application, all of the statements contained herein are true and correct. I have not omitted or concealed any material facts. I understand that knowingly making a false statement, or concealing or omitting any material fact, may result in the denial of a Sidewalk Vendor permit, the revocation of an existing permit and / or criminal action.

Signed: _____

Date: _____

Return this completed application and all supporting documents to:

Turlock Police Department
244 N. Broadway
Turlock, CA 95380