

**County of San Bernardino
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/



**APPLICATION FOR
PEDDLER'S OR SOLICITOR'S BUSINESS LICENSE**

| | | | |
|--|---------------------------------------|-------------------------|------------|
| TYPE OF BUSINESS: <input type="checkbox"/> Peddler <input type="checkbox"/> Solicitor | | | |
| Business Name: _____ | | Type of Business: _____ | |
| Telephone #: () - _____ | Alternate Telephone #: () - _____ | | |
| Address: _____ | City: _____ | State: _____ | Zip: _____ |

| | | | |
|----------------------------------|---------------------------|-----------------------|--|
| PERSONAL INFORMATION: | | | |
| Name of Applicant: Last: _____ | First: _____ | Middle Initial: _____ | |
| Physical Address: _____ | City: _____ | Zip: _____ | |
| Mailing Address: _____ | City: _____ | Zip: _____ | |
| Contact Phone No: () - _____ | Driver's License #: _____ | Date of Birth: _____ | |

| | | | |
|--|---------------------------|-----------------------|------------|
| ADDITIONAL APPLICANTS (others designated to peddle/solicit under applicant's license): Use additional sheets if necessary. | | | |
| Name Last: _____ | First: _____ | Middle Initial: _____ | |
| Home Address: _____ | City: _____ | State: _____ | Zip: _____ |
| Home Phone Number: () - _____ | Driver's License #: _____ | Date of Birth: _____ | |
| Name Last: _____ | First: _____ | Middle Initial: _____ | |
| Home Address: _____ | City: _____ | State: _____ | Zip: _____ |
| Home Phone Number: () - _____ | Driver's License #: _____ | Date of Birth: _____ | |

| | | | |
|--|-----------------|-------------------|-----------------|
| DATES, LOCATIONS, TIMES APPLICANT INTENDS TO PEDDLE AND/OR SOLICIT: | | | |
| Date: _____ | Location: _____ | Start Time: _____ | End Time: _____ |
| Date: _____ | Location: _____ | Start Time: _____ | End Time: _____ |
| Date: _____ | Location: _____ | Start Time: _____ | End Time: _____ |

| |
|--|
| DESCRIPTION OF MERCHANDISE/GOODS TO BE PEDDLED/SOLICITED: |
| |
| |
| |

| | | | |
|--|--------------|-------------|--------------|
| Has any applicant listed on this application been convicted within the past five (5) years of a crime of moral turpitude, criminal battery, fraud, burglary or theft? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Provide information below for each conviction): | | | |
| Name: _____ | Place: _____ | Date: _____ | Crime: _____ |
| Name: _____ | Place: _____ | Date: _____ | Crime: _____ |
| Name: _____ | Place: _____ | Date: _____ | Crime: _____ |

| | | | |
|---|--------------|-------------|--|
| Has any applicant listed on this application been convicted of a crime that requires registration under California Penal Code Section 290? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Provide information below for each conviction): | | | |
| Name: _____ | Place: _____ | Date: _____ | |
| Name: _____ | Place: _____ | Date: _____ | |
| Name: _____ | Place: _____ | Date: _____ | |

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with all regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license. I declare under penalty of perjury, the foregoing is true and correct.

Signature: _____ Date: _____



County Use Only

APPROVALS

Approvals are required from the departments listed below. These departments may require fees in addition to those fees required by the Clerk of the Board of Supervisors.

Environmental Health (909) 884-4056 *(If food permit is needed.)*

| | | | |
|------------------|-----------------------------------|---------------------------------|-----------------|
| Recommendation: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Comments: _____ |
| Signature: _____ | Title: _____ | | Date: _____ |

Sheriff's Department (909) 888-5916

| | | | |
|------------------|-----------------------------------|---------------------------------|-----------------|
| Recommendation: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Comments: _____ |
| Signature: _____ | Title: _____ | | Date: _____ |

Clerk of the Board of Supervisors (909) 387-3841

Please Note: all fees can be found at www.sbcounty.gov/cob are non-refundable. Make checks payable to Clerk of the Board.

| | | | |
|-------------------------|----------------------|--------------------|--|
| Initial Application Fee | Date Received: _____ | Accepted By: _____ | Deputy Clerk of the Board of Supervisors |
| | Receipt #: _____ | | |
| Initial License Fee | Date Received: _____ | Accepted By: _____ | Deputy Clerk of the Board of Supervisors |
| | Receipt #: _____ | | |
| Renewal Fee | Date Received: _____ | Accepted By: _____ | Deputy Clerk of the Board of Supervisors |
| | Receipt #: _____ | | |

- Picture Taken
- Copy of State of California Sales Tax Permit
- Fingerprints (Fingerprints on file must be dated May 1, 2006, or later.)
- Copy of Determination of Tax Exempt Status Issued by the Franchise Tax Board of the State of California (if applicable, for tax exempt organization exemption to payment of license fee)
- Copy of proof of Honorable Discharge from United States Military Service (if applicable, for Veteran's exemption to payment of license fee)