



APPLICATION FOR COVID-19 MOBILE FOOD VENDING PERMIT

Special Activity Permits: 1 Frank H. Ogawa Plaza, Suite 123, Oakland, CA 94612
City Administrator's Office: 510-238-2273

You can submit your application via email to mobilefoodvending@oaklandca.gov or in person by calling (510)238-2273 to schedule an appointment. Please note only completed applications will be accepted. City of Oakland vending regulations during COVID-19 can be found on the Mobile Food Vending Program website: <https://www.oaklandca.gov/topics/food-and-mobile-vending-permits>

1. GENERAL INFORMATION

BUSINESS NAME: _____

DAYS OF WEEK / HOURS OF OPERATION: _____

TYPE OF VENDING: Roaming Stationary (Public Right of Way) Private Property

TYPE OF VEHICLE: Sidewalk Trailer _____ Food Truck _____ Attached Trailer _____
(License Plate #) (License Plate #) (License Plate #)

Pushcart Other _____ NUMBER OF EMPLOYEES: _____ (Not including vendor.)

2. VENDOR INFORMATION

Vendor Name: _____

Vendor Mailing Address: _____

City/State: _____ Zip: _____

Vendor Phone No.: _____ Vendor E-mail: _____

Have you identified an authorized agent to submit the application on your behalf? If no, skip to Section 3. If yes, please complete below.

(Authorized Agent) Name: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone No.: _____ E-mail: _____

3. VENDING LOCATION

If Vending on Private or City Owned Property, Please List the Proposed Address:

Attach lease, or letter of authorization from property owner.

4. SCHOOL WAIVER To be completed only if vendor obtains a school waiver as detailed below.

Vendors may **not** sell within 300 feet of any school, between 7 a.m. and 6 p.m., Monday through Friday, unless a waiver from the school's **supervising entity*** to serve healthy food is on file with the City of Oakland.

Applicant must complete this section if they are requesting a waiver from a school's supervising entity* to help the supervising entity make a determination:

Name of School: _____

Address of School: _____

I, the undersigned, have attached a copy of the menu, which shows that the vendor will only sell "healthy foods," such as fruits; non-fried vegetables; dairy foods; food made from nuts, seeds, legumes, cheese; foods made from whole grains (defined as 51% or more); foods which do not contain trans-fat. Beverages for sale in this definition include: water; 100% fruit or vegetable juice; nonfat and 1% milk; and non-dairy milk, such as soy. Sugar-sweetened beverages, candy and soda are not considered "healthy" under these guidelines.

Signature of Vendor

Date

TO BE COMPLETED BY SCHOOL'S SUPERVISING ENTITY* (if waiver is granted):

Specify if there is any time of day when food vending is prohibited: _____

Please list any Restrictions: _____

School's Supervising Entity*: _____

(Printed Name, Title)

(Phone Number)

(Signature)

(Date)

*For Oakland Unified School District schools (and certain Charter schools served by OUSD Nutrition Services), the supervising entity is the Executive Director of OUSD Nutritional Services.

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5. RESTAURANT WAIVER

To be completed if Food Truck or Attached Trailer is vending within 300-feet of a brick and mortar restaurant.

To be completed if Sidewalk Roaming vendor will be vending within 100-feet of a brick and mortar restaurant.

Vendor must complete this section if they are requesting a waiver from a brick and mortar Restaurant:

For the owners of a restaurant or café within a buffer distance of a site where a food vendor is seeking a permit to vend food: With my signature, I authorize this application from a food vending business to sell Within the above-described buffer distances.

Café/Restaurant #1

Restaurant Name: _____

Address: _____

Owner's Name: _____

Contact information: _____

Signature: _____ Date: _____

Café/Restaurant #2

Restaurant Name: _____

Address: _____

Owner's Name: _____

Contact information: _____

Signature: _____ Date: _____

Café/Restaurant #3

Restaurant Name: _____

Address: _____

Owner's Name: _____

Contact information: _____

Signature: _____ Date: _____

**6. SEND SUBMISSION REQUIREMENTS TO MOBILEFOODVENDING@OAKLANDCA.GOV
OR IF YOU NEED AN IN PERSON APPOINTMENT CALL 510-238-2273**

The following items are required for ALL applications unless otherwise noted. Each and every item is required at the time of application submittal. APPLICATIONS WITH MISSING ITEMS WILL NOT BE ACCEPTED.

- (1) Mobile Food Vending Application (signed and completed)
- (2) Photographs - showing front, side view and back (including the license plate and Alameda County Health decal) of the vending vehicle
- (3) Proposed Menu (of items to be offered at the food vending vehicle)
- (4) Copy of Health Permit(s) from Alameda County's Department of Environmental Health
- (5) Verified Insurance Certificate

If applicable:

- (6) Proof of Fire Permit and/or Inspection Report
- (7) Lease, or letter of authorization from property owner (vending on private property)

¹ This fee is currently waived for the COVID-19 Applications. Permits issued are subject to change without prior notice. **Note:** Fees may apply for the permits or clearances required by other departments or agencies as part of this submittal.

I certify that I am the vendor and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of food vending permits as determined by the City Administrator's Office. I understand that approval of this application does not confer any form of permanent land use entitlement to the person, group, entity or property associated with this permit. I also understand that the COVID-19 permit cannot be transferred or otherwise assigned to another person or entity. I agree to abide by all local, State and Federal requirements, including, but not limited to those listed in an associated Approval Letter issued by the City of Oakland, buffer, clearance and permission requirements related to the location of vending, and those laws relating to minimum wage and sick leave for employees.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE READ THE ABOVE AND THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Vendor

Date