



**GROUP SITE MOBILE VENDING PERMIT APPLICATION**

Special Activity Permits Division

1 Frank H. Ogawa Plaza, Suite 123, Oakland, CA 94612

Economic Workforce Development Department: 510-238-2273

*Please submit your application via email to [MobileVending@oaklandca.gov](mailto:MobileVending@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 can be found on the Mobile Vending Program website: <https://www.oaklandca.gov/services/mobile-vending>*

**1. Group Site Representative Information**

Applicant Name: \_\_\_\_\_  
 Applicant Mailing Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2. Group Site on Private Property?**  Yes  No *(if yes, please fill out section below)*

*Proposed Address: Please attach a lease or letter of authorization from the property owner along with this application.*

**\*Proposed Vending Location Information\***

\*Address number \_\_\_\_\_ \*Address Street name \_\_\_\_\_  
 \*Address zip code \_\_\_\_\_ Parcel # \_\_\_\_\_

**\*Property owner contact information\***

\*Owner name \_\_\_\_\_  
 \*Owner telephone number \_\_\_\_\_  
 \*Owner Email: \_\_\_\_\_

EXTRA NOTES: \_\_\_\_\_

**\*\*REQUIRED--** Location(s) will be verified by city staff before issuing a permit\*\*

**3. Group Site on The Public Right-of-Way E.G., Curbside, Parking Lane**  Yes  No *(if no, please skip to section 4)*

- A. Indicate Street Address or Block Number - e.g. 100 Block of Brown Street, as applicable.
- B. Attach a scaled **Site Plan** that depicts the exact location(s) and layout of the proposed Mobile Vending Group Site(s) vending is to occur, all existing structures, businesses, and parking spaces.

**Proposed Location :** \_\_\_\_\_

**4. Proposed Vending Date(s) and Time(s)<sup>1</sup>** *(regular vending hours are from 7am to 10pm)*

Day(s) of the Week	Hours of Operation <i>(Five (5) hours (max) of operation)</i>	Approximate Desired Duration <i>(start and end date)</i>

<sup>1</sup> 5.51.150 (C) - Hours of operation.

C. For Group Sites in the public right-of-way, the specific hours of operation shall be determined by the City, and shall not exceed more than five (5) hours of food vending operation on any day of permitted group site activity, unless specified otherwise at the discretion of the Director of City Planning or his or her designee.



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**5. List of vendors participating in Group Site**

	Owner Name	DBA	Phone Number	License Plate #	Vending Type
1					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise
2					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise
3					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise
4					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise
5					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise
6					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise
7					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise
8					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise
9					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise
10					<input type="checkbox"/> Food <input type="checkbox"/> Merchandise

**6. Restroom Requirement for Group Site<sup>2</sup>**

**Restroom Authorization must be within 200-feet of the stationary vending location.**

- Portable Restroom Unit?  Yes  No (if yes, please provide a copy of the lease agreement)
- Brick and Mortar Restroom Permission?  Yes  No (if yes, please provide a copy of the restroom permission agreement)

Name of Business Providing Restroom Access: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Phone number: \_\_\_\_\_ Business Owner Email \_\_\_\_\_

Vendor use of restroom: Date(s) \_\_\_\_\_ Hours of use \_\_\_\_\_

Business Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other \_\_\_\_\_

***\*Submit a copy of the authorization letter for employees to use the restroom along with this application. \****

**\*Note: City staff will verify agreement before issuing a vending permit\***

<sup>2</sup> 5.51.050 (E) - Permitted area.

E. Each stationary individual food vending facility and group site shall be located within two hundred (200) feet of a restroom facility that employees can legally access.



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Please provide the following information for each proposed Vendor. Attach additional sheets as necessary.

## 7. Food Vendor/Owner Information

Individual Mobile Vending Permit Number, if applicable: \_\_\_\_\_ (if, yes, skip to section 11)

Vendor Name \_\_\_\_\_

Legal and Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Commissary Kitchen Name & Address \_\_\_\_\_

Oakland Business Tax Certificate# \_\_\_\_\_

Alameda County Health Permit # and Expiration Date (provide a copy) \_\_\_\_\_

CA Seller's Permit # and Expiration Date (provide a copy) \_\_\_\_\_

City of Oakland Fire Prevention Fire Permit Information: Permit # \_\_\_\_\_ Permit Exp Date: \_\_\_\_\_

\*Type of Vending Unit (e.g., truck, trailer, pushcart) or other movable wheeled equipment or vehicle approved by Alameda Environmental Health Department: \_\_\_\_\_

## 8. Food Vendor/Owner Demographics *(please note individual demographic information is confidential)*

- a. **Owner age:**  18-20  21-39  40-69  70 and over  Decline to state
- b. **Owner Race/Ethnicity:**  African American/Black  American Indian or Alaska Native  Asian  
 Caucasian/White  Hispanic/Latinx  Hawaiian or Pacific Islander  
 Decline to state Other: \_\_\_\_\_
- c. **Owner Gender:**  Male/Man  Female/Woman  Nonbinary  Transgender  Decline to state
- d. **Owner Disability:**  Yes, I have a disability/One or more of the owners of the business entity has a disability  
 No, I do not have a disability/None of the owners of the business entity has a disability  
 Decline to state
- e. **Owner Education:**  No High School Diploma  High School Graduate or Equivalency  
 Some college, No Degree  Professional Certification  Associate's Degree  
 Bachelor's Degree  Graduate or Professional Degree  Decline to State



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**9. Merchandise Vendor/Owner Information** (if merchandise vendors are participating)

Individual Mobile Vending Permit Number, if applicable: \_\_\_\_\_ (if, yes, skip to section 11)

Vendor Name \_\_\_\_\_

Legal and Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Oakland Business Tax Certificate# \_\_\_\_\_

CA Seller's Permit # and Expiration Date (provide a copy) \_\_\_\_\_

\*Type of Vending Unit (e.g., truck, trailer, pushcart, pop-up tent (merchandise vendors only) or personal vehicle (merchandise vendors only) or other movable wheeled equipment. \*

**10. Merchandise Vendor/Owner Demographics** (please note individual demographic information is confidential)

a. **Owner age:**  18-20  21-39  40-69  70 and over  Decline to state

b. **Owner Race/Ethnicity:**  African American/Black  American Indian or Alaska Native  Asian  
 Caucasian/White  Hispanic/Latinx  Hawaiian or Pacific Islander  
 Decline to state Other: \_\_\_\_\_

c. **Owner Gender:**  Male/Man  Female/Woman  Nonbinary  Transgender  Decline to state

d. **Owner Disability:**  Yes, I have a disability/One or more of the owners of the business entity has a disability  
 No, I do not have a disability/None of the owners of the business entity has a disability  
 Decline to state

e. **Owner Education:**  No High School Diploma  High School Graduate or Equivalency  
 Some college, No Degree  Professional Certification  Associate's Degree  
 Bachelor's Degree  Graduate or Professional Degree  Decline to State



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**11. RESTAURANT AND/OR MERCHANDISE STORE WAIVER\***

TO BE COMPLETED IF GROUP SITE IS VENDING WITHIN 300-FEET OF A BRICK-AND-MORTAR RESTAURANT

TO BE COMPLETED IF GROUP SITE WILL BE VENDING WITHIN 300-FEET OF A MERCHANDISE STORE.

**Group site representative must complete this section if they are requesting a waiver from a brick-and-mortar:**

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

Food vendors--Café/Restaurant #1 or Merchandise Vendor—Merchandise Store

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Food vendors--Café/Restaurant #2 or Merchandise Vendor—Merchandise Store

**Address:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Food vendors--Café/Restaurant #3 or Merchandise Vendor—Merchandise Store

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Signatures required from merchandise (for merchandise vendors) stores and restaurants (for food vendors) \*



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**12. SCHOOL WAIVER** *(To be completed 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 the school's supervising entity\* provides a waiver to serve healthy food or to sell merchandise.**

**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 and under Flex Streets Initiative.*

\_\_\_\_\_  
*Signature of Vendor/Owner*

\_\_\_\_\_  
*Date*

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

**Specify if there is any time of day when 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.

**13. Would you like to be featured on our City of Oakland's mobile vending website so event organizers can contact you?**  No  Yes

If yes, please provide below your company's name, type of food/merchandise, your website link, and/or email that you would like displayed on the City of Oakland's website:

**Type of Food/Merchandise** (Less than 10 words) \_\_\_\_\_

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



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**14 SEND SUBMISSIONS REQUIREMENTS TO [MOBILEVENDING@OAKLANDCA.GOV](mailto:MOBILEVENDING@OAKLANDCA.GOV)**

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 AND WILL BE CONSIDERED INCOMPLETE.

- Group Site Vending Application (signed and completed)
- Completed Vendor Information form for each proposed Vendor
- Photographs for Food Vendors--showing front, side view and back (food vendors include the license plate and Alameda County Health decal) of the vending vehicle
- Proposed Menu (of items to be offered at the food vending vehicle)
- Photographs – Non-Food Merchandise vendors showing front, side view and back of the vending vehicle or tent/table used to vend
- Copy of Health Permit(s) from Alameda County’s Department of Environmental Health (Food vendors only)
- Scaled or dimensioned Site Plan displaying cross-streets and exact location of Group Site, and depicting a) arrangement of Food Vending Units; b) existing structures, businesses, and parking spaces
- Verified Insurance Certificate and Endorsement Page
- Fees due: \$1,000 for mobile vending application
- Note: Fees may apply for the permits or clearances required by other departments or agencies as part of this submittal

**If applicable:**

- Proof of Fire Permit and/or Inspection Report for (Vendors Using Gas to Cook or Warm/Cool Food)
- Lease, or letter of authorization from property owner (Vending on Private Property or City Owned Property)

*I hereby accept total responsibility for set-up and maintenance of appropriate recycling, waste disposal and general site clean-up after each Vending Group Site operation date. Failure to properly recycle or dispose of materials generated by a Group Site or adequately clean up after a Vending Group Site operation date shall be grounds for denying an Applicant’s request for Permit renewal and/or additional vending dates. Should the applicant fail to satisfactorily clean the site, and City staff is required to clean the site, the City has the right to seek reimbursement from the Applicant and deny any future requests from Applicant until such time reimbursement has been made.*

*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 vending permits. 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 permits 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 Group Site Representative**

\_\_\_\_\_  
**Date**