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: ☐ Peddler ☐ 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?

☐ No ☐ 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?

☐ No ☐ 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: ☐ Approved ☐ Denied Comments: _____

Signature: _____ Title: _____ Date: _____

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

Initial Application Fee	$ 72.00	Date Received: _____	Accepted By: _____	Deputy Clerk of the Board of Supervisors
		Receipt #: _____		
Initial License Fee	$190.00	Date Received: _____	Accepted By: _____	Deputy Clerk of the Board of Supervisors
		Receipt #: _____		
Renewal Fee	$190.00	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)

Date Sent to Sheriff's Department: _____ New ☐ Renewal ☐

Sheriff's Department

Recommendation: ☐ Approved ☐ Denied Comments: _____

Signature: _____ Title: _____ Date: _____