

**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 #: _____		

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|---|
| <input type="checkbox"/> Picture Taken
<input type="checkbox"/> Copy of State of California Sales Tax Permit
<input type="checkbox"/> Fingerprints (Fingerprints on file must be dated May 1, 2006, or later.)
<input type="checkbox"/> 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)
<input type="checkbox"/> Copy of proof of Honorable Discharge from United States Military Service (if applicable, for Veteran's exemption to payment of license fee) |
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