



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062



APPLICATION FOR A SOLICITOR'S LICENSE

FEES: \$245.00 NEW
\$183.00 RENEWAL

FEES ARE NON-REFUNDABLE

FILE SL# _____

YOU MUST SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:

INITIAL APPLICATIONS MUST BE SUBMITTED IN PERSON BY APPLICANT

1. Photo Identification (i.e., valid driver's license, identification card)
2. Correct fee (check, cash, debit card, credit card money order only)
3. Initial applicants \$49.00 fee for fingerprints (fee is only for initial applicants)
4. Parcel # of property where Temporary Stand will be located _____
(Information should be obtained from the Department of Zoning 858-565-5981 prior to turning in your application.)
5. Document showing that applicant is owner of premises, or a written agreement signed by owner permitting use of premises
6. Plot Plan: Detailed map of market clearly identifying the boundaries of certified and non-certified areas, showing check-in, vendors stalls, manager stall or area, and public entrance/exits (**Farmer's Markets only**)
7. Health Permit (if handling food)
8. Copy of California State Seller's Permit
9. Fictitious Name Registration (if using DBA)
10. Background Misc. Form on FM Operator & list of non-certified vendors – See Part II (**Farmer's Markets only**)
11. Fire Department Sign off (**Farmer's Markets only**)
12. Certified Farmer's Market Certificate (**Farmer's Markets only**)
13. Other _____

(PRINT OR TYPE ONLY)

Business Name (DBA) _____ Telephone _____

Applicant Name _____

Business Address _____
Number Street City State Zip

Additional/Temp Business Address _____
Number Street City State Zip

Mailing Address _____
Number Street City State Zip

Check applicable Business Description:

☐ Partnership

☐ LLC Sole

☐ Proprietorship

☐ Corporation If yes to corporation, include name: _____

(All other partners and/or business associates **must** fill out a Background Application for Sheriff's Regulatory Activities form that is attached to this packet.)

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METHOD(S) OF SOLICITATION – AREA OR LOCATION

- ☐ Temporary Stand _____
☐ Food vending vehicle _____
☐ Door to door _____

Non-Certified Vendors – Complete Part II of Solicitors application and misc. background application

Other (explain) _____

ADDRESS WHERE TEMPORARY STAND/PARKED VEHICLE WILL BE LOCATED:

(Temporary stands must have zoning approval prior to issuance)

AREA WHERE DOOR-TO-DOOR SOLICITATION WILL BE DONE: (if there are multiple areas, include those addresses)

DESCRIPTION OF MERCHANDISE/ARTICLES TO BE SOLD, DISPLAYED OR SERVICES OFFERED – INCLUDE ANY COUPON OR FLIER REDEEMABLE FOR GOODS _____

..... PART II §21.510(A)

NON-CERTIFIED VENDORS @ FARMERS MARKET VENUE

Farmers Market Name: _____

Market Address: _____

Farmer's Market Operator: _____ Email Address: _____

Mailing Address: _____ Phone Number: _____

Number of non-certified vendors: _____ Please provide list of non-certified vendors and their CA State Seller permit or BOE-401D form.

PLANNED SCHEDULE OF OPERATION

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPEN AT:							
CLOSE AT:							

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BUSINESS NAME: _____

APPLICANT'S NAME: _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED
NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE MAILING ADDRESS SPECIFIED ON THIS
APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SAN DIEGO COUNTY CODE OF
REGULATORY ORDINANCES PERTAINING TO SOLICITORS.

Applicant Signature: _____ Date: _____

Application Accepted By: _____ Date: _____

<u>LOCAL SHERIFF'S DEPT</u> Station: _____ Approved _____ Disapproved _____ Reason _____ By _____ Date _____	<u>PDS (ZONING)</u> Approved _____ Disapproved _____ Reason _____ By _____ Date _____
<u>DEH</u> Approved _____ Disapproved _____ Reason _____ By _____ Date _____	<u>SHERIFF'S LICENSING DIVISION</u> Approved _____ Disapproved _____ Reason _____ By _____ Date _____
<u>FIRE DEPARTMENT</u> Approved _____ Disapproved _____ Reason _____ By _____ Date _____	<u>DPW</u> Approved _____ Disapproved _____ Reason _____ By _____ Date _____