

PLANNING DEPARTMENT

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(Staff Use Only)
Case No.:

Related Case(s):

PEDDLER PERMIT APPLICATION

It is advisable to submit applications for review 60 days prior to commencement of the use or event to ensure adequate review of the application. If you have any questions while completing this application, please ask a member of the Planning Department for assistance. The application fee must be submitted with the completed application. For recurring events, a schedule must be submitted every 3 months. In addition, a detailed Site Plan must be submitted with the application. Incomplete applications will not be accepted (or process may be delayed). (PLEASE PRINT OR TYPE)

	GENERAL INF	ORMATION:			
Applicant Name:		Phone Number:			
Applicant Address:		Fax Number:			
Applicant City/State/ Zip:		Email Address:			
Business Name:		Phone Number:			
Business Owner's Name	:	Fax Number:			
Business Address:		Email Address:			
Business City/State/ Zip:					
State ID/Driver's License	Number:				
Brief Description of Busin and any business insigni	DESCRIPTION OF BUSINES ness and Sales Activity including the number as or logos.				
Employee Information: On a separate sheet of paper, please provide the name, date of birth, and address of each employee that will be involved in the business or activity of peddler for the applicant, if any.					
Applicant information:					
On a separate sheet of paper, please address the following:					
 Plans for collection of litter that occurs from the business activity. Location where vehicles will be stored. Peddler Permit history in the City of Cathedral City and other cities within the past three years. Any door hangers left on the premises must be removed after 3 days. 					
Last two occupations of	applicant:				
Employer Name	Address	Employment D	ates		
Employer Name	Address	Employment D	ates		
Any Convictions of Crime other than Vehicle Code Violations:		□Yes	□ No		
Revocation or Suspension in any Jurisdiction:		☐ Yes	□ No		
Is applicant a Registered Sex Offender:		☐ Yes	□ No		
I certify that all information the applicant and all e	on on this application is true and correct and a employees.	pprove the City of Cathedi	ral City to conduct background checks		
Applicant Signature:	cant Signature: Date:				
Date/Time Received:	Received By:	Amount Received:	Receipt No(s):		

SUBMITTAL REQUIREMENT						
_ _ _	Live Scan Business License 2" x 2" Photo of Applicant taken within the past year	_ _ _	Application Fee of \$309 Completed Application Copy of Door Hanger			
	LIVE SCAN INS	TRUC	TIONS			
In order to complete your application, you are required to be fingerprinted. Even if you have been fingerprinted before, this is the process for required background investigations. The Live Scan process is painless and involves no ink. Your fingerprints are scanned into a computer and then sent directly to the Department of Justice (DOJ) via a secured network. This process speeds up permit approval time.						
Live Scans may be obtained at the following locations:						
73705 Palm D	de Sheriff Department Gerald Ford esert 36-1600					
UPS Store 67782 East Palm Canyon (Hwy 111) Cathedral City in the Target Shopping Center (760) 321-0703						
What is required: You will need a live scan form with a valid ORI and Mail Code Number (which is included in your application packet).						
Fee: Pl	ease contact the locations directly for Live Scan fee.					
	DETERMINATION OF APPLI	CATIO	N (Staff Use Only):			
ACTIC	ON TAKEN: APPROVED DENIED					
If denied, provide reasons:						
If approved, the following are Conditions of Approval:						
APPRO	VED BY:	DATE:				

STAFF COMMENTS: _____