



TOWN OF PARADISE

5555 Skyway, Paradise, CA 95969 (530)872-6291 Fax (530)877-5059

INSTRUCTIONS TO APPLICANT

Vending, Hawking, and Peddling – Owner – Sales Initial or Renewal

In order to obtain your local permit for Vending, Hawking, and Peddling - Sales in the Town of Paradise please complete the following items and return them to Paradise Town Hall Attn: Planning Director. Applications shall be filed not less than fifteen (15) days or more than ninety (90) days before the date(s) during which the proposed activity is to be conducted. By applying for a Vending/Hawking/Peddling Permit, you are also registering for the Town's Business License. (Business License Fee Waived)

- Completed and signed Business License Application
- Attach statement with evidence of authorization of the proposed outdoor sales activity per section 5.11.020 and 5.11.030 (A,B,C,D,F)
- Location within the Town adopted Paradise Downtown Revitalization Area shall be subject to the conditions per section 5.11.035
- Copy of valid California Seller's Permit issued by the Board of Equalization
- Vending, Hawking, and Peddling License fee
 - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
 - OR**
 - Renewal Fee made payable to the Town of Paradise (See current Master Fee Schedule)
- Approval by Planning Director
and/or
- Approval by Town Manager

You will be notified when your application has been approved. At that time an appointment will be scheduled to receive your Vending, Hawking, and Peddling - Sales license.

Vending, Hawking and Peddling licenses are valid for the period of event or fixed by the Planning Director, not to exceed one (1) year. To renew, please submit an updated application and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply.

The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at www.townofparadise.com.

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.11 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a fee is collected in addition to any other fees for compliance with disability access laws.



Town of Paradise Business License Application

5555 Skyway
Paradise, CA 95969
Tel: 530-872-6291
www.townofparadise.com

New Business (\$40) Renewal (\$25) Commercial Home Based Business Bank Located outside Paradise

BUSINESS INFORMATION

Information in this section is available to the public if requested

Business Name:		
Business Phone:	Business Website:	
Business Address:	Would you like your Business Name and Website included in an online directory? <input type="radio"/> Yes <input type="radio"/> No	
City:	State:	ZIP Code:
Business Mailing Address (if different) (Address, City, State and ZIP):		
NAICS Code: _____ If you do not know your NAICS code, visit https://www.census.gov/eos/www/naics/	Business Category (circle one): Retail / Construction & Development / Technology & Communication / Food Services & Ag Production / Government & Non-Profit / Healthcare / Manufacturing / Tourism / Utilities / Real Estate / Other	
Number of Employees:	State of California Seller's Permit Number:	
Hours/Days of Operation:	Tax Exempt <input type="radio"/> Yes <input type="radio"/> No	Religious Organization <input type="radio"/> Yes <input type="radio"/> No

Please describe in detail your business activity to be conducted within the Town of Paradise:

EMERGENCY CONTACT INFORMATION (PLEASE LIST 3 UNIQUE CONTACTS)

Personal Contact information will be kept private

Contact 1 – Business Owner Name:	Phone 1:	Phone 2:
	Email:	
Contact 2 – Name and Relationship/Title:	Phone 1:	Phone 2:
	Email:	
Contact 3 – Name and Relationship/Title:	Phone 1:	Phone 2:
	Email:	
Property Owner Name (if different from business owner)	Phone 1:	Phone 2:
	Email:	
Alarm Permit Number: _____	Alarm Type (circle all that apply):	
Alarm Company: _____	Water Flow / Smoke Detector / Heat Detector / Manual Pull Box / motion – intruder / Other _____	
Responsible Contact:		
Janitorial Service:	Phone:	
	Hours at Location:	

BUILDING INFORMATION (NOT REQUIRED IF LOCATED OUTSIDE PARADISE)

Information in this section is available to the public if requested

Structure Type (circle one): Commercial / Residential Single Family / Residential Multi-Family / Assembly / Manufacturing / Other _____	Floor plan diagram (Optional FD Use)	
Animals Located on Business Premise? <input type="radio"/> Yes <input type="radio"/> No	Fire Suppression System (Sprinklers)? <input type="radio"/> Yes <input type="radio"/> No	Knox Box? <input type="radio"/> Yes <input type="radio"/> No
Utility Shutoff Locations : Gas:	Hazardous Materials on site? <input type="radio"/> Yes <input type="radio"/> No	
Electric:	Hazardous Materials Location: _____ For information on reporting requirements, visit http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx	

TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Specialty Permit Information

Initial

Renewal

TO BE COMPLETED BY APPLICANT

Applicant Name: _____ Event Location: _____
Home Address: _____ Event Dates: _____ to _____
City: _____ State _____ ZIP: _____ Event Times: _____ to _____
Home Phone: _____ Event Dates: _____ to _____
DOB: _____ SSN: _____ Event Times: _____ to _____
CDL: _____ State _____ Expires: _____ Event Located in Downtown Paradise Area
Mobile _____ E-Mail _____ Type of Merchandise being sold? _____
Additional Information: _____

Address: _____ From _____ To _____
Address: _____ From _____ To _____
Address: _____ From _____ To _____

Have you ever been convicted of a felony, as defined by California law? YES NO
If YES, Date of conviction: _____ Offense: _____
Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?
 YES NO If YES, Date _____ Law Enforcement Agency _____

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).
I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.
Signature: _____ Date _____