



**South Lake Tahoe Police Department (SLTPD)  
Application/Application Renewal for Mobile Vending**

Date of Submission: \_\_\_\_\_

Due Date for Approval/Denial (21 days): \_\_\_\_\_

Type of Application (circle one):    Initial Application    Renewal

This application must be completed by the business owner and/or operator (CC 4.35). Further, a copy of photo ID must be provided at the time of application/application renewal submission.

**SECTION 1—SUBMISSION CHECKLIST (Completed by SLTPD staff at time of submission)**

- \_\_\_ Photo ID Matches Applicant
- \_\_\_ Copy of Current City Business License Issued by the City of SLT Finance Department
- \_\_\_ Inspection certificate from Licensed Mechanic for each Mobile Food Facility (within last 30 days)
- \_\_\_ Evidence that Applicant is Registered Owner of each Mobile Facility (Vehicle Registration)
- \_\_\_ Background Check to include LiveScan of Business Owner
- \_\_\_ Current Insurance Policy
- \_\_\_ Current Indemnification Agreement
- \_\_\_ If power generator to be used, specification sheet indicating Generator Noise Levels
- \_\_\_ Special Purpose Commercial Coach Insignia Number issued by California Department of Housing and Community Development, Division of Codes and Standards for each Mobile Food Facility
- \_\_\_ List of all Employees/Operators and a Current DMV Driver's Record for each  
(when applicant proposes to operate within a public right-of-way, complete background check and LiveScan fingerprinting required for every employee)
- \_\_\_ Current Health Permit from El Dorado Environmental Management Office for each Mobile Food Facility
- \_\_\_ Payment of all Fees adopted by the Master Fee Schedule for Mobile Food Vending Permit and Fees associated with LiveScan

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

**For Livescan Appointment please call 530-542-6100.**

**For Questions please contact  
Amy Poole at 530-542-6135 or [apoole@cityofslt.us](mailto:apoole@cityofslt.us)**

**OR**

**Paula Fleming at 530-542-6136 or [pfleming@cityofslt.us](mailto:pfleming@cityofslt.us).**

**SECTION 2—BUSINESS INFORMATION**

Name: \_\_\_\_\_ DOB : \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Physical Address of Commissary: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address of Business Owner/Operator: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

City of South Lake Tahoe Business License Number: \_\_\_\_\_

Number of Mobile Food Facilities to be Operated: \_\_\_\_\_

Description of Vehicles: \_\_\_\_\_

Make/Model/Serial Number/License Number: \_\_\_\_\_

Color Scheme or Insignia (this may include a photo): \_\_\_\_\_

**SECTION 3—ROSTER OF OWNER(S), OPERATORS, MANAGERS, AND EMPLOYEES**

For each application, or application renewal, attach a roster of all persons associated with the business. The list of operators, to include the owner, requesting an operator's license shall include the operator's name, birth date, driver's license number, height, hair color, eye color, current residential address, and current telephone number.

Each operator should also include with this packet a copy of a current (within 30 days) Department of Motor Vehicles driving record and a photo copy of their driver's license.

**SECTION 4—SIGNATURE**

Under penalty of perjury, I \_\_\_\_\_ (applicant name) have personal knowledge that the information contained in this application on behalf of \_\_\_\_\_ (business name), is true and correct.

Applicant (Owner/Operator) Name \_\_\_\_\_

Signature \_\_\_\_\_

**SECTION 5—INSPECTION (COMPLETED BY SLTPD STAFF)**

Name of Inspector: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

- \_\_\_ Statement that each mobile food facility is in safe operating condition. This should be presented in the form of an inspection performed by a licensed mechanic in the State of California, paid for by the applicant and completed within the last 30 days.
- \_\_\_ Registration for each vehicle showing that the applicant is the registered owner.
- \_\_\_ Specification sheets for any and all power generators (if applicable). Generator noise levels should be less than 65 dB(A) rated load as tested in accordance with ISO 9614-2.
- \_\_\_ Passing LiveScan results for all owners.
- \_\_\_ Health inspection report from El Dorado County Environmental Management Office for each mobile food facility.
- \_\_\_ Special Purpose Commercial Coach Insignia number for each mobile food facility.
- \_\_\_ Attach copy of South Lake Tahoe business license
- \_\_\_ Copy of Indemnification Agreement with the City of South Lake Tahoe
- \_\_\_ List of employee operators including owner

# Indemnification Agreement

On \_\_\_\_\_ (date) an application was submitted to the South Lake Tahoe Police Department, by

\_\_\_\_\_ (the "Applicant"). The project, which is the subject of the application, is described as \_\_\_\_\_ (the "Project").

1. The Applicant agrees, as part of the application, to defend, indemnify, and hold harmless the City, its elected and appointed boards, officers, employees, agents, volunteers, contractors, and invitees from any and all liability, for any and all claims, demands, actions, losses, damages, and injuries, direct or indirect (including all costs and expenses in connection therewith), arising from the operations conducted under the mobile vendor permit issued to the Applicant, from and against each and every claim and demand of whatsoever nature made on behalf of or by any person, persons, firm, partnership, corporation or otherwise, including the applicant's employees.

The indemnification is intended to include but not be limited to damages, fees and/or costs awarded against the City, if any, and cost of suit, attorney's fees, and other costs, liabilities and expenses incurred in connection with such proceeding whether incurred by the Applicant, the City, and/or the parties initiating or bringing such proceeding.

2. The Applicant agrees to indemnify the City for all of the City's costs, fees, and damages incurred in enforcing the indemnification provisions of this Agreement.
3. In the event that the Applicant is required to defend the City in connection with such proceeding the City shall retain the right to approve:
  - a. The counsel to so defend the City;
  - b. All significant decisions concerning the manner in which the defense is conducted; and
  - c. Any and all settlements, which approval shall not be unreasonably withheld.

The City shall also have the right not to participate in the defense, except that the City agrees to cooperate with the Applicant in the defense of the proceeding. If the City chooses to have counsel of its own defend any proceeding where the Applicant has already retained counsel to defend the City in such matters, the fees and expenses of the counsel selected by the City shall be paid by the City.

4. The defense and indemnification of city set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgments rendered in the proceeding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0090200

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

SOUTH LAKE TAHOE POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

00479

Mail Code (five-digit code assigned by DOJ)

1352 JOHNSON BLVD

Street Address or P.O. Box

AMY POOLE

Contact Name (mandatory for all school submissions)

SOUTH LAKE TAHOE

City

CA 96150

State ZIP Code

(530) 542-6136

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: CA0090200

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed