



City of Del Mar  
 Department of Planning and Community Development  
 1050 Camino del Mar  
 Del Mar, CA 92014

Phone: 858-755-9313 Fax: 858-755-2794  
 Hours: M-TH 1:00 pm – 5:30 pm  
 FRI 1:00 pm – 4:30 pm  
[www.delmar.ca.us](http://www.delmar.ca.us)

**MV** - \_\_\_\_\_ - \_\_\_\_\_ Initial Submittal \_\_\_ / Renewal \_\_\_  
 Submittal Date: \_\_\_\_\_ Planner: \_\_\_\_\_  
 Fees: PL: \_\_\_\_\_ ENG: \_\_\_\_\_ GPF: \_\_\_\_\_ Noticing: \_\_\_\_\_ Traffic: \_\_\_\_\_  
 Receipt No.: \_\_\_\_\_ Related Projects: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_

## Mobile Vending Operations Permit Application

<b>APPLICATION:</b>	
Event Type: A. Private Property – Commercial / B. Public Right-of-Way / C. Non-profit / D. Private Property - Catering	
Event Address:	
Assessor's Parcel No(s).	
Zoning:	Overlay Zone
General Plan Designation:	
Will operations be conducted within the public right-of-way:      < yes      < no	
<b>APPLICANT:</b>	
Applicant(s):	
< Property Owner    < Mobile Vending Operator    < Event Organizer    < Other:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	
Signature(s):	
<b>Mobile Vending Operator* (if not primary applicant listed above):</b>	
Operator:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	<b>Del Mar Business License #</b>
Signature(s) (authorizing applicant to submit application):	
<b>Non-profit Contact (if applicable):</b>	
Event Organizer:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	
Signature:	

\*Multiple Mobile Vending Operators use next page

**Mobile Vending Operator\* (if not primary applicant listed above):**

Operator:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	Del Mar Business License #
Signature(s) (authorizing applicant to submit application):	

**Mobile Vending Operator\* (if not primary applicant listed above):**

Operator:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	Del Mar Business License #
Signature(s) (authorizing applicant to submit application):	

**Mobile Vending Operator\* (if not primary applicant listed above):**

Operator:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	Del Mar Business License #
Signature(s) (authorizing applicant to submit application):	

**Mobile Vending Operator\* (if not primary applicant listed above):**

Operator:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	Del Mar Business License #
Signature(s) (authorizing applicant to submit application):	

**Mobile Vending Operator\* (if not primary applicant listed above):**

Operator:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	Del Mar Business License #
Signature(s) (authorizing applicant to submit application):	

Date: \_\_\_\_\_

Application  
Number(s): \_\_\_\_\_

Event Location: \_\_\_\_\_

I, the undersigned owner (or authorized agent) of the property herein described, hereby make application for approval of the plans submitted and made a part of this application in accordance with the provisions of the City of Del Mar Ordinances, and I hereby certify that the information given is true and correct to the best of my knowledge and belief.

I understand that the requested approval is for my benefit (or that of my principal). Therefore, if the City of Del Mar grants the approval, with or without conditions, and that action is challenged by a third party, I will be responsible for defending against this challenge. I therefore agree to accept this responsibility for defense at the request of the City and also agree to defend, indemnify and hold the City of Del Mar harmless from any costs, claims or liabilities arising from the approval, including, without limitation, any award of attorney's fees that might result from the third party challenge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if other than owner, must have letter from owner)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if other than owner, must have letter from owner)

<b>Event Description:</b>
Proposed number of mobile vendors:
Proposed day and hours of operation:
Business hours of primary use on property:
Seating Provided (yes or no):
Additional Information (e.g. description of truck and food -type, proposed locations for Type B operations, etc.):

**Note:** All information required by the Applicants' Guide to Mobile Vending Operations Permits must be submitted with this application form in order for it to be accepted as filed and considered for approval.