PLANNING DEPARTMENT
(760) 770-0370
Fax - (760) 202-1460
68-700 Avenida Lalo Guerrero
Cathedral City, CA 92234

(Staff Use Only)

PP ___ ___ - ___ ___ ___

PEDDLER PERMIT APPLICATION

GENERAL INFORMATION:

Applicant Name: _____ Phone Number: _____

Applicant Address: _____ Fax Number: _____

Applicant City/State/Zip: _____

Business Name: _____ Phone Number: _____

Business Owner's Name: _____ Fax Number: _____

Business Address:_____

Business City/State/Zip: _____

State ID/Driver's License Number_____

Brief Description of Business and Sales Activity including the number and type of vehicles, uniforms of employees, type of merchandise, and any business insignias 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:

1. Plans for collection of litter that occurs from the business activity.
2. Location where vehicles will be stored.
3. Peddler Permit history in the City of Cathedral City and other cities within the past three years.
4. Any door hangers left on premises must be removed after 3 days.

Last two occupations of applicant:

_____

Employer Name Address Employment Dates

_____

Employer Name Address Employment Dates

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 on this application is true and correct and approve the City of Cathedral City to conduct background checks on the applicant and all employees.

Applicant Signature: _____ Date: _____

SUBMITTAL REQUIREMENTS:

- ☐ Live Scan
- ☐ Business License
- ☐ 2" x 2" Photo of Applicant taken within the past year
- ☐ Application Fee of $140
- ☐ Completed Application
- ☐ Copy of Door Hanger

DETERMINATION OF APPLICATION (Staff Use Only)

ACTION TAKEN: ☐ APPROVED

☐ DENIED

If denied, provide reasons:

_____

_____

_____

If approved, the following are Conditions of Approval:

_____

_____

_____

Approved By: _____

Date: _____

Staff Comments: _____

Date/Time Received:	Received By:	Amount Received:	Receipt No(s).:

LIVE SCAN INSTRUCTIONS

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:

Riverside Sheriff Department
73705 Gerald Ford
Palm Desert
(760) 836-1600

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: Please contact the locations directly for Live Scan fee.

Revised May 2014

REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION

ORI: **CA0332500** Type of Application __ Employment _X_ License, Certification, Permit __ Volunteer

Job Title or Type of License, Certification or Permit **Peddler's License**

Agency Address Set Contributing Agency

Cathedral City Police Department
Agency authorized to receive criminal history information

00345
Mail Code (five digit code assigned by DOJ)

68700 Avenida Lalo Guerrero
Street No. Street or PO Box

Judy Williams
Contact Name (Mandatory for all school submissions)

Cathedral City Ca 92234
City State Zip Code

760-770-0301
Contact Telephone Number

Name of Applicant
(please print)
Last First MI

AKAs: CDL No.
Last First

DOB: _____ SEX: ___ Male ___ Female Misc No: _____

HT: _____ WT: _____ Misc No: _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility)

POB: _____ Street or PO BOX

SSN: _____ City, State and Zip Code

Your Number: **CA0332500**
OCA No. (Agency Identifying No.)

Level of Service: DOJ _X_ FBI ____

If resubmission, list Original ATI No _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations only)

Employer Name:

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

Agency Telephone No. (Optional)

Livescan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency ATI No. Amount Collected / Billed

Revised July 2014