



CITY OF ENCINITAS
Development Services Department
505 S. Vulcan Ave
Encinitas, CA 92024
www.encinitasca.gov
Phone: 760-633-2708
Email: permits@encinitasca.gov

SEASONAL SOLICITOR APPLICATION SUPPLEMENTAL

Company Name: _____

Owner(s) of Company*: _____

***Each partner/business associate must complete a Background Application and Authorization to Release Information form.**

Description of Articles to be sold or Services to be Offered:

Solicitation Location:

Date Beginning: _____ Date Ending: _____

Hours of Solicitation: From _____ AM PM To _____ AM PM

Are you selling beverages or food? Yes* No* If yes, attach a copy of Health Department permit.

Security on the premises? Yes No

By checking this box, I certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are grounds for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: _____ Date: _____

Signature: _____