REQUEST FOR COUNCIL ACTION



CITY COUNCIL MEETING DATE:

DECEMBER 1, 2020 TITLE:	APPROVED
RECEIVE AND FILE PUSH CARTS IN PARKS PILOT PROGRAM INFORMATIONAL UPDATE	☐ As Recommended ☐ As Amended ☐ Ordinance on 1 st Reading ☐ Ordinance on 2 nd Reading ☐ Implementing Resolution ☐ Set Public Hearing For
	CONTINUED TO
/s/ Kristine Ridge	FILE NUMBER
CITY MANAGER	

CLERK OF COUNCIL USE ONLY:

RECOMMENDED ACTION

Receive and file Push Carts in Parks Pilot Program informational update.

DISCUSSION

At the March 17, 2020 City Council meeting, the City Council directed the City Manager to explore opportunities for food vendors to operate in City parks to encourage greater utilization of this space.

At the May 19, 2020 City Council meeting, the City Council received and filed a Food Vendors Operating in City Parks informational report.

The Parks, Recreation and Community Services Agency (PRCSA) is prepared to implement a Push Carts in the Parks Pilot program from April through September 2021, pending any COVID-19 restrictions restricting such activity. This six-month pilot program is open to vendors who operate manual pushcarts and have an interest in vending within select City parks (Exhibit 1). A Santa Ana Municipal Code (SAMC) amendment is not needed during this six-month pilot program. Once the pilot program is completed, City staff will evaluate and determine if the program will become permanent and at that time amend SAMC as appropriate.

Pilot Program Overview

- Vendors submit application (Exhibit 2)
- Program runs April through September 2021
- Up to three vendors per park site
- Park sites: Centennial, Madison, Delhi, Jerome, Rosita, and El Salvador
- One time permit fee of \$287.28
- Vendor requirements: Santa Ana business license, OC Mobile Food Facility Permit, California State Seller's Permit, and food handler certificate
- Fingerprinting and background check

Receive and File Push Carts in Parks Pilot Program December 1, 2020 Page 2

FISCAL IMPACT

There is no fiscal impact associated with this action.

Submitted By: Lisa Rudloff, Executive Director – Parks, Recreation, and Community Services

Agency

Exhibits: 1. Push Carts in Parks Flyer

2. Draft Mobile Food Vendor Application

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PILOT PUSHCART PROGRAM

The City of Santa Ana will be piloting a new mobile food vending program. The program is open to vendors who operate manual pushcarts and have interest in vending within select City parks. Vendor applications are now being accepted for those who qualify.

PROGRAM OVERVIEW

- Program runs April to September 2021
- Up to three (3) vendors per park site
- One time permit fee of \$287.28
- Vendor Application Deadline: Thursday, February 4, 2021

For more information or to download a vendor application, visit www.santa-ana.org/parks/pushcart or call the City of Santa Ana Special Events Office at (714) 571-4227.



City of Santa Ana Parks, Recreation and Community Services Agency Pushcarts in the Park Mobile Food Vending Program

MOBILE FOOD VENDOR APPLICATION

A completed application, payment and copies of all requested materials must be submitted together for consideration. Incomplete or late submittals will not be accepted. Neither the filing of this application, nor the payment of the permit fee, shall authorize the vending from, operation or management of a pushcart until such permit has been granted or renewed (SAMC 26-12B).

Please type in blue or black ink.

APPLICANT INFORMATION				
FIRST NAME AND MIDDLE INITIAL		LAST NAME		
HOME ADDRESS			APT/SUITE/UNIT	
CITY	STATE	ZIP	EMAIL ADDRESS	
PRIMARY PHONE NU	IMBER		SECONDARY PHONE NUMBER	
DATE OF BIRTH CA DRIVER		RS LICENSE NO.		
BUSINESS INFORMA	TION			
OWNER'S NAME (IF DIFFERENT THAN ABOVE)		BUSINESS NAME		
TYPE OF BUSINESS ENTITY (SELECT ONE)		E)		
□ Sole Proprietor	⊔ Partr	ership	☐ Corporation ☐ Limited Liability Co.	
IF A CORPORATION, PLEASE COMPLETE THE FOLLOWING Attach a copy of the articles of incorporation				
Corporate Name and Number		Date of Corporation	Place of Corporation	
BUSINESS ADDRESS		APT/SUITE/UNIT		
CITY	STATE	ZIP	EMAIL ADDRESS	
PRIMARY PHONE NUMBER		SECONDARY PHON	E NUMBER	

SANTA ANA BUSINESS LICENSE NO.	DATE OF EXPIRATION		
NUMBER OF EMPLOYEES		REQUIRED, PLEASE	
	DESCRIBE		
COMMISSARY NAME, ADDRESS AND PHO	ONE NUMBER		
PREVIOUS EMPLOYMENT			
List the business, occupation or employment	history of the applican	t for three (3) years	
immediately preceding the date of the application		the state of the s	
license and permit history while operating as	an ice cream or pusho	cart vendor, in order of	
most recent experience.		1	
Name of Employer #1	Employment Date	Employment Date To:	
Franks and Address	From:	News News Issue	
Employer's Address	Employer's Primary P	none Number	
Type of Business	Type of Pushcart/Concession		
	2000.00		
	T=	1	
Name of Employer #2	Employment Date From:	Employment Date To:	
Employer's Address	Employer's Primary F	Phone Number	
Employer o / tagle co	Employer's Filmary Filone Number		
Type of Business	Type of Pushcart/Concession		
N	FI	Franks and Data Tax	
Name of Employer #3	Employment Date From:	Employment Date To:	
Employer's Address		Phone Number	
Limployer's Address	Employer's Primary Phone Number		
Type of Business	Type of Pushcart/Concession		
List all cities in which the business now holds	s a vending permit:		
I I the condition to a second and a second to the form	Line of the Benefit of the Comment o	41.1	
Has the applicant ever had any permit, franchise or similar license in this or any other city,			
county, state or territory suspended, revoked, or denied?			
☐ YES If checked "yes", list the location and state the circumstances of such			
suspension, revocation or denial below:			

EQUIPMENT SPECIFICATIONS				
Type of Concession(s):	Pushcart Dimensions:			
□ Ice Cream				
⊔ Hot Dogs				
⊔ Pre-Packaged	W xH xL			
Goods:				
⊔ Other:				
Please select all the features of your pushcart	or trailer:			
□ Sink □ Warmer □ Refrigerator	□ Propane □ Other:			
Describe your pushcart in detail, including oper	ational features as well as distinguishing logos,			
trademarks and color schemes.				
PARK SITE PREFERENCE				
Mark your 1 st , 2 nd and 3 rd preference for park s	ite. Preferences will be considered, however			
final location will be determined by the Parks, Recreation and Community Services Agency.				
Centennial Park	Jerome Park			
3000 W. Edinger Ave.	726 S. Center Street			
Madison Park	Rosita Park			
1528 S. Standard Ave.	706 N. Newhope			
	1 1			
Delhi Park	El Salvador Park			

VENDOR REQUIREMENTS The following materials must be submitted for evaluation. Any submittals with late or missing documents, information or materials will be considered incomplete and will not be accepted. COMPLETED VENDOR APPLICATION CITY OF SANTA ANA BUSINESS LICENSE Click here to apply for a business license ORANGE COUNTY MOBILE FOOD FACILITY PERMIT (MFF) Copy of your current Mobile Food Facility Permit from the Orange County Health Care Agency, white sticker (Food Vehicle Program Record Number), and current Food Vehicle Program Sticker. Permit must be installed on the pushcart at all times. CERTIFICATE OF LIABILITY INSURANCE & ADDITIONAL INSURED **ENDORSEMENT** Requirements are as follows: 1. Insurance Certificate including General Liability for one (1) million dollars. 2. Auto Liability Insurance for one (1) million dollars. 3. Workers' Compensation Insurance for one (1) million dollars. 4. The City of Santa Ana should be the certificate holder and must include an endorsement naming the "City of Santa Ana" and their officers, employees, agents, volunteers and representatives' as an additional insured. CALIFORNIA STATE SELLER'S PERMIT FOOD HANDLER CERTIFICATE COPY OF CA DRIVERS LICENSE Must include owner's driver's license and ALL participating pushcart operators TWO PHOTO(S) OF PUSHCART Photos should be high resolution and demonstrate all elements/features of the pushcart. **VENDOR PERMIT FEE OF \$287.28** May be paid via check, cashier's check, money order or credit card (Visa or

MasterCard only)

signature(s) notarized:	
ЗҮ	BY
TITLE	TITLE
STATE OF CALIFORNIA COUNTY OF ORANGE	
	On, 20
	Known to me, to be the person(s) whose name(s)
	Subscribe to the within instrument, and acknowledge to me that executed the same
	WITNESS my hand and official seal.
	Notary Public In and For Said State
	n, have the following signatures notarized:

STATE OF CALIFORNIA COUNTY OF ORANGE	On, 20		
	acknowledg He	e to me that executed the same.	
	WITNESS n	ny hand and official seal.	
	Notary Publ	ic In and For Said State	
OFFICE USE ONLY			
OFFICE USE ONLY			
DOCUMENTS SUBMITTED	DATE RECEIVED	EXPIRATION DATE	
 COPY OF SANTA ANA BUSINESS LICENSE 			
□ COPY OF MOBILE FOOD			

DOCUMENTS SUBMITTED WENDOR APPLICATION COPY OF SANTA ANA BUSINESS LICENSE COPY OF MOBILE FOOD FACILITY PERMIT INSURANCE & ADDITIONAL INSURED ENDORSEMENT COPY OF SELLERS PERMIT COPY OF FOOD HANDLERS CERTIFICATE COPY OF DRIVERS LICENSE PHOTOS OF PUSHCART VENDOR PERMIT FEE OF \$287.28 NOTES: