

Exhibit 2



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 NUMBER | | | SECONDARY PHONE NUMBER | |
| | | | | |
| DATE OF BIRTH | | CA DRIVERS LICENSE NO. | | |
| | | | | |
| BUSINESS INFORMATION | | | | |
| OWNER'S NAME (IF DIFFERENT THAN ABOVE) | | | BUSINESS NAME | |
| | | | | |
| TYPE OF BUSINESS ENTITY (SELECT ONE) | | | | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Co. | |
| IF A CORPORATION, PLEASE COMPLETE THE FOLLOWING <i>Attach a copy of the articles of incorporation</i> | | | | |
| Corporate Name and Number | | Date of Corporation | Place of Corporation | |
| | | | | |
| BUSINESS ADDRESS | | | APT/SUITE/UNIT | |
| | | | | |
| CITY | STATE | ZIP | EMAIL ADDRESS | |
| | | | | |
| PRIMARY PHONE NUMBER | | | SECONDARY PHONE NUMBER | |
| | | | | |

Exhibit 2

| | | | |
|---|--|---|---------------------|
| SANTA ANA BUSINESS LICENSE NO. | | DATE OF EXPIRATION | |
| | | | |
| NUMBER OF EMPLOYEES | | IF UNIFORMS ARE REQUIRED, PLEASE DESCRIBE | |
| | | | |
| COMMISSARY NAME, ADDRESS AND PHONE NUMBER | | | |
| | | | |
| PREVIOUS EMPLOYMENT | | | |
| List the business, occupation or employment history of the applicant for three (3) years immediately preceding the date of the application, including, if applicable, the business license and permit history while operating as an ice cream or pushcart vendor, in order of most recent experience. | | | |
| Name of Employer #1 | | Employment Date From: | Employment Date To: |
| Employer's Address | | Employer's Primary Phone Number | |
| Type of Business | | Type of Pushcart/Concession | |
| | | | |
| Name of Employer #2 | | Employment Date From: | Employment Date To: |
| Employer's Address | | Employer's Primary Phone Number | |
| Type of Business | | Type of Pushcart/Concession | |
| | | | |
| Name of Employer #3 | | Employment Date From: | Employment Date To: |
| Employer's Address | | Employer's Primary Phone Number | |
| Type of Business | | Type of Pushcart/Concession | |
| | | | |
| List all cities in which the business now holds a vending permit: | | | |
| <p>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?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES If checked "yes", list the location and state the circumstances of such suspension, revocation or denial below: _____</p> <p>_____</p> | | | |

EQUIPMENT SPECIFICATIONS

| Type of Concession(s): | Pushcart Dimensions: |
|---|--------------------------|
| <input type="checkbox"/> Ice Cream <input type="checkbox"/> Hot Dogs <input type="checkbox"/> Pre-Packaged Goods: _____ <input type="checkbox"/> Other: _____ | _____W x _____H x _____L |

Please select all the features of your pushcart or trailer:

| | | | | |
|-------------------------------|---------------------------------|---------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Sink | <input type="checkbox"/> Warmer | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Propane | <input type="checkbox"/> Other: _____ |
|-------------------------------|---------------------------------|---------------------------------------|----------------------------------|---------------------------------------|

Describe your pushcart in detail, including operational features as well as distinguishing logos, trademarks and color schemes.

DRAFT

PARK SITE PREFERENCE

 Mark your 1st, 2nd and 3rd preference for park site. Preferences will be considered, however final location will be determined by the Parks, Recreation and Community Services Agency.

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Centennial Park 3000 W. Edinger Ave. | <input type="checkbox"/> | Jerome Park 726 S. Center Street |
| <input type="checkbox"/> | Madison Park 1528 S. Standard Ave. | <input type="checkbox"/> | Rosita Park 706 N. Newhope |
| <input type="checkbox"/> | Delhi Park 2314 S. Halladay | <input type="checkbox"/> | El Salvador Park 1825 W. Civic Center Drive |

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: <ol style="list-style-type: none"> 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) |

ACKNOWLEDGEMENT

I, the undersigned, hereby declare under penalty of perjury, that I have prepared all answers to the questions posed herein, that I have carefully read and reviewed them, and that all are true.

If the establishment is signal ownership or partnership, have the following signature(s) notarized:

BY

BY

TITLE

TITLE

STATE OF CALIFORNIA
COUNTY OF ORANGE

On _____, 20_____
Before me, the undersigned, a Notary
Public in and for said State, personally
appeared _____

Known to me, to be the person(s) whose
name(s) _____

Subscribe to the within instrument, and
acknowledge to me that _____
He _____ executed the same.

WITNESS my hand and official seal.

Notary Public In and For Said State

If the establishment is a corporation, have the following signatures notarized:

BY

BY

TITLE

TITLE

STATE OF CALIFORNIA
COUNTY OF ORANGE

On _____, 20_____
Before me, the undersigned, a Notary
Public in and for said State, personally
appeared _____

Known to me, to be the person(s) whose
name(s) _____

Subscribe to the within instrument, and
acknowledge to me that _____
He _____ executed the same.

WITNESS my hand and official seal.

Notary Public In and For Said State

OFFICE USE ONLY

| <i>DOCUMENTS SUBMITTED</i> | <i>DATE RECEIVED</i> | <i>EXPIRATION DATE</i> |
|--|-----------------------------|-------------------------------|
| <input type="checkbox"/> <i>VENDOR APPLICATION</i> | | |
| <input type="checkbox"/> <i>COPY OF SANTA ANA BUSINESS LICENSE</i> | | |
| <input type="checkbox"/> <i>COPY OF MOBILE FOOD FACILITY PERMIT</i> | | |
| <input type="checkbox"/> <i>INSURANCE & ADDITIONAL INSURED ENDORSEMENT</i> | | |
| <input type="checkbox"/> <i>COPY OF SELLERS PERMIT</i> | | |
| <input type="checkbox"/> <i>COPY OF FOOD HANDLERS CERTIFICATE</i> | | |
| <input type="checkbox"/> <i>COPY OF DRIVERS LICENSE</i> | | |
| <input type="checkbox"/> <i>PHOTOS OF PUSHCART</i> | | |
| <input type="checkbox"/> <i>VENDOR PERMIT FEE OF \$287.28</i> | | |

NOTES: