CITY OF SACRAMENTO
REVENUE DIVISION, CITY HALL
915 'I' Street, Room 1201
Sacramento, CA 95814
(916) 808-5852

CALL
我們講中文
Hablamos español
Мы говорим по-русски
พวกเรำเว้ำพาสาลาว
Peb hais lus Hmoob
Chúng tôi nói tiếng Việt
(916)808-8500

MOBILE FOOD VENDOR COMPANY

(SUPPLEMENTAL OWNERSHIP LIST)

Each person with **10% or more** interest in the business will also need to file a Personal Disclosure Statement.

Business Name: _____

Business Address: _____

Business Phone: _____

Business Office Open:

Days (circle days open)

Mon. Tues. Wed. Thurs. Fri. Sat. Sun

Hours(fill in hours of operation) From: _____ To: _____

List all Partners with 10% or more interest:

1) Name: _____ Position: _____

_____ % Interest: _____
Address

_____ Phone: _____
City State Zip

2) Name: _____ Position: _____

_____ % Interest: _____
Address

_____ Phone: _____
City State Zip

3) Name: _____ Position: _____

_____ % Interest: _____
Address

_____ Phone: _____
City State Zip

I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct

_____ _____
Signature Date