

**MOBILE FOOD VENDOR PERMIT
CUSTOMER INFORMATION
CHECK LIST**

Food Vendor Vehicle and Driver permits expire annually on April 30th

1. **Renewal applications** are due the last business day in March, this is to ensure inclusion in the Mobile Food Vendor clinic.
2. **New applications** are taken throughout the year, however, the vehicle and driver permits still expire on April 30th and fees are not prorated.
3. Pay Business Operations Tax for the company.
4. Applicants must complete a Vendor Application, Vehicle List, and Personal Disclosure forms
 - a. Personal Disclosure Forms
 - i. Required for each company owner (company owners are those with a 10% or greater interest in the business).
 - ii. Required for all corporate officers of the company
5. Provide proof of insurance coverage; your insurance company must submit a certificate of AUTO and GENERAL liability insurance and the Additional Insured Endorsement page either by fax to (916) 808-5160, email: insurance@cityofsacramento.org, or mail to Risk Management 915 I Street, Fourth Floor, Sacramento, CA 95814. The following is required:
 - a. Itemizes the vehicles covered
 - b. Shows the City of Sacramento as additional insured
 - c. Indicates coverage of \$1,000,000 combined single limit per occurrence for both AUTO and GENERAL liability
 - d. Provides for thirty (30) days written notice of cancellation
6. Current brake and lamp certificates (current within previous twelve (12) months).
7. Obtain Health Permit from Sacramento County Environmental Management Dept. (County fees apply).
8. Provide a copy of the current DMV registration for each vehicle.
9. Pay the annual inspection fee of \$200 per vehicle.
10. Pay a \$75 fee per vehicle, for Broadcasting License(s) **ice cream vendors only**

Submit completed application and fees to:

CITY OF SACRAMENTO
BUSINESS PERMITS
915 I Street, Room 1201
Sacramento, CA 95814
(916) 808-5852

MOBILE FOOD VENDOR COMPANY
OWNER INFORMATION SHEET

Business Information

NAME:	STARTING DATE:
MANAGER:	
ADDRESS:	PHONE:

Owner Information

Owner Name:	Phone:
Owner Name:	Phone:
Owner Name:	Phone:

Storage Information

Address:

Mailing Information

Mail To:
Address:

Insurance Information

Company Name:	Phone:
Agent Contact:	
Address:	

I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct, and that if any of the above information should change I will contact the City of Sacramento at:

Business Permits, City Hall
 915 I STREET, ROOM 1201
 SACRAMENTO, CA 95814-2696
 (916) 808-5852

 SIGNATURE

 DATE

MOBILE FOOD VENDOR COMPANY

BUSINESS NAME:			
BUSINESS ADDRESS:			
BUSINESS TELEPHONE:		EMAIL:	
DAYS OF OPERATION (PLEASE CIRCLE): MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY			
HOURS OF OPERATION: <div style="display: flex; justify-content: space-around; width: 100%;"> FROM: TO: </div>			
LIST: (a) All partners and corporate shareholders having a 10% or greater financial interest in the business AND (b) All corporate officers			
NAME	ADDRESS	PERCENTAGE INTEREST	POSITION
NAME	ADDRESS	PERCENTAGE INTEREST	POSITION
NAME	ADDRESS	PERCENTAGE INTEREST	POSITION
NAME	ADDRESS	PERCENTAGE INTEREST	POSITION

SIGNATURE

TITLE

DATE

Business Permits
 PH: 916-808-5852
 Fax: 916-808-5248
 915 I Street, Room 1201
 Sacramento, CA 95814

**PERSONAL DISCLOSURE STATEMENT
BUSINESS OWNER, MEMBER, PARTNER,
CORPORATE SHAREHOLDER, OFFICER,
DIRECTOR**
(ATTACH TO COMPANY OWNERSHIP INFORMATION SHEET IF APPLICABLE)

CITY OF SACRAMENTO
BUSINESS PERMITS, CITY HALL
915 I STREET, ROOM 1201
SACRAMENTO, CA 95814
(916) 808-5852

****IF THERE IS MORE THAN ONE OWNER, EACH OWNER MUST FILL OUT A SEPARATE DISCLOSURE STATEMENT****

ATTENTION: If necessary, use a separate sheet of paper to fully answer the following questions. The permit may be denied, suspended, or revoked if you make a false statement in this application, or for reasons specified in Sacramento City Code. **Application fees are non-refundable**

PRINT FULL NAME:			
OTHER NAMES YOU HAVE USED:			
PHONE:	CELL PHONE NUMBER:	EMAIL ADDRESS:	
CURRENT RESIDENCE ADDRESS:			
HOW MANY YEARS HAVE YOU LIVED IN CA:	DATE OF BIRTH:	DRIVER LICENSE:	
HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
U.S. CITIZEN:			
DO YOU CURRENTLY HOLD A VALID CITY OF SACRAMENTO PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type of permit?			
Have you ever had a permit or license revoked or denied, within this City? If yes, please explain: 			
Are you familiar with the ordinances of the City of Sacramento and the laws of the State of California pertaining to the application? <input type="checkbox"/> YES I AM <input type="checkbox"/> NO I AM NOT			
HAVE YOU EVER BEEN CONVICTED OF A CRIME: (Include convictions by VERDICT, PLEA OF GUILTY, PLEA OF NO CONTEST, ANY FINES PAID, DIVERSION PROGRAMS COMPLETED, DUI). <input type="checkbox"/> NO <input type="checkbox"/> YES (give the date of the arrest, offense you were charged with and the CITY)			
APPLICANT SIGNATURE			
I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.			
Signature of Applicant: _____			DATE: _____
FVC004 (Rev. 11/17)			



CITY OF SACRAMENTO
BUSINESS PERMITS, CITY HALL
915 I Street, Room 1201
Sacramento, CA 95814
(916) 808-5852

MOBILE FOOD VENDOR
(LIST OF VEHICLES)

Company Name: _____

I hereby request the City of Sacramento to begin the mobile food vendor vehicle permit process for (# of) _____ vehicles listed separately below. I understand the permit fees for each vehicle is assessed in advance and is non-refundable. I certify that the vehicles to be inspected meet the standards imposed by the City Code Chapter 5.68.

Signature

Date

Vehicle Listing

State Vehicle License Number(s):

MOBILE FOOD VENDORS

**REQUIREMENTS FOR
CERTIFICATES OF INSURANCE**

- 1) The amount of insurance must meet the minimum requirements as stated in the applicable City Code for Mobile Food Vendors, which is City Code Section 5.68.060. **The requirements are:**
 - Commercial General Liability in the amount of \$1,000,000 per occurrence;
 - Auto Liability in the amount of \$1,000,000 per accident.
- 2) The City of Sacramento requires all certificates of insurance to be submitted on a standard Acord form or on the insurance company's letterhead. The City does not accept declaration pages. The Certificate of Insurance must be signed by a legitimate agent.
- 3) The City of Sacramento must be listed as the certificate holder. The Commercial General Liability Policy must list the City as Additional Insured. **The additional insured endorsement for the General Liability policy is a separate document and should accompany the certificate of General Liability insurance. Please list the City as: "The City of Sacramento, its officials, agents, employees & volunteers".**
- 4) For all Auto Liability insurance, the vehicle identification number(s) (VIN's) and vehicle description(s) must be listed on the certificate of insurance.
- 5) The City of Sacramento requires a valid policy number to be provided by an insurance company that meets the requirements listed above. The City does not accept "binder numbers", "pending", "TBD", "to follow", "to be announced", etc.

- 6) The business or company name must be listed as well as the insured's name. "Doing Business As, or DBA, may be used. For example, John Doe, Doing Business As Doe's Lunch Mobile.

Refer to the City Code for additional insurance requirements.

Please allow 5-7 business days for Risk to receive and review your insurance.

If you have any questions on the above, please contact the Risk Management Division at (916) 808-5556.