
**FINANCE DEPARTMENT
BUSINESS PERMITS**

**CITY OF SACRAMENTO
CALIFORNIA**

CITY HALL
915 'I' STREET, RM 1201
SACRAMENTO, CA
95814-2696

Date: _____

PERMIT SERVICES

PH:(916) 808-5852

FAX:(916) 808-5248

To Whom It May Concern:

Please note that:

(Driver's name) _____

Turned in the permit and sticker for:

Tow Car

Food Vendor

Driver Permit

Company's Name: _____

Permit Number: _____

Vehicle Number: _____

Vehicle Identification Number (VIN) _____

Received by:

Business Permits Representative

Copy sent to Risk Management Org #1545

Date _____

By: _____