



**CITY OF SACRAMENTO
FINANCE DEPARTMENT
BUSINESS PERMIT SERVICES DEPARTMENT
(916) 808-5852**

CALL
我們講中文
Hablamos español
Мы говорим по-русски
ພວກເຮົາເວົ້າພາສາລາວ
Peb hais lus Hmoob
Chúng tôi nói tiếng Việt

APPLICATION FOR STREET VENDOR'S PERMIT

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 those reasons specified in the City Code. Application fees are non-refundable.

1) Applicant Name: _____

2) Applicant Address: _____

_____ (City) (State) (Zip)

3) Birthplace: City / State: _____

4) Social Security Number: _____

5) Business Name: _____

6) Business Address: _____

_____ (City) (State) (Zip)

7) Business Telephone: _____

8) Requested Intersection: _____

Proposed Corner (check one): Northeast Southeast Northwest Southwest

9) Type of food or flowers to be sold: _____

10) Proposed hours of operation: _____

11) Attach description, including dimensions, and drawing or photo of cart.

If any of the following questions are answered "yes", give the date of the arrest, the offense charged, and the offense of which you were convicted and the place where you were convicted on a separate sheet of paper.

- 12) Have you ever been convicted* of
- | | | |
|--|------------------------------|-----------------------------|
| A. A felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. An offense involving moral turpitude? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. A violation of gambling laws or ordinances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Any narcotics violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* Include conviction by verdict, please of guilty, or pleas of nolo contendere.

Print Name: _____

Signature: _____
STR_VNDR APP 040109 PAS

Date: _____