

Mobile Food Vehicle Property Permit Application

CHAPTER 5.68 CITY CODE

1-2 trucks - New Permit = \$800, Renewal = \$500 3 or more trucks - New Permit = \$400, Renewal = \$225 + Conditional Use Permit

Applicant:	
Mailing Address:	
E-mail:	
Website (if available):	
Telephone number(s):	
** Attach evidence that	applicant is an owner, lessee or holder of similar interest in the property
Property Owner:	
Mailing Address:	
Email:	
Telephone Number(s):	
Name and address of al	owners of the property (attach additional list if needed)
Property Owner:	Mailing Address:
Property Owner:	Mailing Address:
Property Owner:	Mailing Address:
Physical address of rea	property:
Description of property	

***Attach a scalable (1/4" or 1/8") layout of the outside location where the food trucks will be located on the property and any utilities for hook up.

Number of trucks to vend on the property:
If three or more trucks, Conditional Use Permit File Number:
Requested days of week to vend:
Requested hours of operation:
Does the Applicant currently hold any valid City of Sacramento permit? (Please circle)
Yes No If yes, what type?
Has the applicant had any permit or license revoked or denied within the City of Sacramento? (Please circle) Yes No If yes, explain the circumstances surrounding this revocation or denial:
Applicant/Property Owner Required to Provide Notice of Intent (1-2 trucks only) Check to acknowledge the following requirements
 Applicant must provide a notice of intent to conduct mobile food truck events to all property owners within 500' Attach a copy of draft notice for review and approval (example notice provided). Notice of intent, provided by the City, must be posted in conspicuous place on the property within five days of filing application.
I have read and understand City Code Chapter 5.68 relating to Food Vending Vehicles
Initials
I understand all food vending vehicles must be in compliance with Sacramento County Health Code and Sacramento City Code
Initials
I understand that verification of the accuracy of the above information will be conducted. I further understand and agree that the information is a matter of public record and may be made available to interested parties upon request. I hereby certify under penalty of perjury that the above information on this form and/or attachment(s) is true and correct.
Print Applicant Name:
Signature of Applicant:

Revenue Division | 915 | Street, First Floor, Room 1201 | Sacramento, CA 95814 | 916-808-5852