



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

MOBILE FOOD VENDOR COMPANY
OWNER INFORMATION SHEET

Business Information

Business Name: _____ Business Start Date: _____

Business Manager: _____ Phone No. _____

Business Address: _____

Mailing Information

Mailing Name: _____

Mailing Address: _____

Storage Information

Storage Address: _____

Insurance Information

Insurance Company: _____ Phone No. _____

Insurance Address: _____

Name of Insurance Agent: _____

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:

City of Sacramento
Revenue Division
915 T Street, Room 1201
Sacramento, CA 95814-2696
Ph: (916) 808-5852

Owner Signature

Date