



CITY OF SACRAMENTO
REVENUE DIVISION, CITY HALL
915 'I' Street, Room 1201
Sacramento, CA 95814
(916) 808-8500

MOBILE FOOD VENDOR
(LIST OF VEHICLES)

Company Name: _____

I hereby request the City of Sacramento to begin the food vending vehicle permit process for (# of) _____ vehicles listed separately below. I understand the permit fee of \$ _____ 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. I also will be able to furnish upon request evidence I am the owner, lessee, or holder of similar interest in the food vending vehicle or vehicles listed below.

Signature

Date

Vehicle Listing

State Vehicle License Number(s):

