

FOOD VENDING VEHICLE APPLICATION
OWNER INFORMATION SHEET

TYPE OF VEHICLE: TRUCK BICYCLE TRAILER OTHER _____

Business Information

NAME:	STARTING DATE:
MANAGER:	PHONE:
ADDRESS:	EMAIL:

Storage Information

Address:

Mailing Information (if different than business address)

Mail To:
Address:

Insurance Information

Company Name:	Phone:
Agent Contact:	Address:

Owner Information – a personal disclosure form must be completed for each person

(a) All partners and corporate shareholders having a 10% or greater financial interest in the business AND			
(b) All corporate officers			
Name	Phone	% Interest	Position
Name	Phone	% Interest	Position
Name	Phone	% Interest	Position

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.

 SIGNATURE

 DATE

FOOD VENDING VEHICLES
 (LIST OF VEHICLES)

Company Name: _____

I hereby request the City of Sacramento to begin the mobile food vendor vehicle permit process for (# of) _____ vehicles listed separately below. I understand the permit fees 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 5.68.

Signature

Date

STATE LICENSE (TRUCK/TRAILER)	SERIAL NUMBER (BICYCLE)	VEHICLE NUMBER*	CO. HEALTH PERMIT*	PERMIT NUMBER*

*** TO BE COMPLETED BY CITY OF SACRAMENTO STAFF ONLY**