



Mobile Food Vending Permit Application

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION

1. Business Name: _____
2. Business Owner Name(s): _____
3. Business Address: _____
4. Mailing Address (if different): _____
5. Business Phone: _____ Business Email: _____
Business FAX: _____
5. Applicant Name: _____
6. Applicant's relationship to the above business: Owner____ Employee____ Relative ____
(If applicant is employee, Form I-9 required, along with a copy of the Form I-9 completed for the employer.)
7. Applicant's Permanent Home Address: _____
8. Local Address (if different) _____
9. Applicant's Date of Birth: _____
10. Have you ever been convicted of a crime? Yes___ No___
Details: _____

(Previous conviction of a crime will not necessarily disqualify an applicant from obtaining a permit, although additional information may be required by the Sanger Chief of Police).

11. Applicant's Physical Description:
Height: _____ Weight: _____ Male: _____ Female: _____ Eye Color: _____
Hair Color: _____ Date of Birth: _____

12. City of Sanger business license #: _____

13. Are you and your mobile food-vending vehicle licensed by the Fresno County Health Department to sell food products? Yes: ___ No: ___ License or Permit #: _____

14. I (We) certify that the information given on this form is true and accurate to the best of my (our) knowledge. I (We) understand that the City of Sanger is relying on this information to issue a permit to operate a Mobile Food Vending business and that any willful misrepresentation of fact may cause this application to be terminated. I (We) understand that the information provided in this form is subject to verification.

Signature: _____ Date: _____

Please attach a copy of the following:

- _____ APPLICATION FEE - \$50.00
- _____ PROOF OF WORKER'S COMPENSATION INSURANCE COVERAGE IS REQUIRED FOR EMPLOYEES WHILE ENGAGED IN THE OPERATION OF A MOBILE FOOD VENDING VEHICLE IN THE CITY OF SANGER.
- _____ COPY OF LICENSE OR PERMIT FROM THE FRESNO COUNTY HEALTH DEPARTMENT FOR EACH VEHICLE OR OTHER EQUIPMENT FROM WHICH FOOD PRODUCTS WILL BE SOLD
- _____ PROOF OF CURRENT REGISTRATION OF EACH MOBILE FOOD VENDING VEHICLE, ALONG WITH THE VEHICLE IDENTIFICATION NUMBER, AND LICENSE NUMBER OF EACH VEHICLE

(CITY OF SANGER USE ONLY)		
\$50 Application Fee paid by:	Cash_____	Check_____ #_____ Other_____
Receipt # for cash payment:	_____ Issued by _____	
Date application received:	_____	Application: Complete_____ Incomplete_____
<i>(Revised: 11/05/03)</i>		