

MOBILE FOOD TRUCK APPLICATION SANTA CLARA POLICE DEPARTMENT



601 El Camino Real • Santa Clara • (408) 615-4867

□ RENEWAL

□ NEW

business Name.			
Owner Information:			
Full Name:			
Last		First	Middle
Address:			
Street		Apartment/Unit #	
City Phone #:		State	Zip Code Email Address:
Date of Birth:			Social Security #:
Driver's License #:			Driver's License State:
Do you currently hold or h Have you EVER been arre			ease provide the date(s) and nature of offense(s).
Business Address:			
	Street		Apartment/Unit #
City		State	Zip Code
Business Phone #:		Business Email Address:	
Days and hours of Selling: _			
Selling Address:			
Private Property owner infor	mation:		
Employee(s) Information: (A	.ll employees must be finger	rprinted & hav	e ID card issued from SCPD Permits)
Name	Address		DOB/Driver's License #
Name	Address		DOB/Driver's License #

List of Required Documents:

- Provide proof of insurance (\$1,000,000 General Liability/ \$1,000,000 General Aggregate/ \$1,000,000 Vehicle insurance
- Santa Clara County Health Permit
- CA State Sellers Permit.
- Approved Commissary Contract (List the contact number and name for the owner or property management firm.)

At the time of appointment, you will need to bring the following: required documents, vehicle for inspection, non-refundable fee. You must obtain a City Business Tax Certificate after receiving authorization from the Permits Unit.

If you are renewing your permit, please pay the renewal fee for the City Business Tax Certificate prior to the scheduled appointment with the Permits Unit.

Disclaimer and Signature:

I DO HEARBY SOLEMNLY SWEAR/AFFIRM THAT THE INFORMATION AND ANSWERS I HAVE PROVIDED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE THE CITY OF SANTA CLARA, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION AND MY QUALIFICATIONS. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR DENIAL OR FUTURE REVOCATION.

Print Name	Signature	DATE			
FOR OFFICIAL USE ONLY					
Date: Fees Paid:	Livescan:	CA Sellers Permit:			
Vehicle/Cart Inspection:	Insurance Docs:	Health Permit:			
Commissary Contract:	Business License #:	Permit Expiration Date:			
Approved:					