

BUSINESS/ OWNER INFORMATION		
1.	Business Name:	
	Owner Name:	
3.	Address:	
4.	City, State, Zip:	
	Phone Number(s):	
DESCRIPTION FOR NEW APPLICATION		
6.	Describe your vending operation Vending Operation. Use separate sheet if necessary.	
7.	Describe food to be sold. Please be very specific:	
8.	State all addresses where food will be prepared, excluding when preparation takes place within the mobile vending vehicle.	
9.	State all addresses where food will be prepared, excluding when preparation takes place within the mobile vending vehicle.	
10	. Days and hours of operation (vending is not permitted during the hours of 10 p.m. to 8 a.m.):	

## **DESCRIPTION CONTINUED**

11. Description of vending vehicle(s). Please include license # and provide photos of the front, back, and both

	sides of the vehicle(s). Please note that if not yet available, photo and license # will be required before permit is issued.)
12.	. Where will the vehicle(s) be parked/stored when not in use?
13.	Description of noise producing device, if any:
14.	Employees: List all persons who will be operating the vending vehicle(s). Attach a separate "Application for Mobile Food Vending Vehicle Operator" for each operator (Form MV-B).
15.	Attach permit from the Santa Cruz County Department of Health.
16.	Follow up for after form submitted: You will be issued a Live Scan Form for yourself and any operator. You will need to get the Live Scan and drop it off at the Santa Cruz Police Department (Attn: Tim Cattera). If you do not submit proof of Live Scan, your application will not be processed.
17.	Business License: You will have to get a business license as soon as you have been approved for the permit but before it will be issued. You will be notified when you need to apply for the business license.



## Mobile Food Vending Permit Form SV-A Base Application for Owner Police Department

## SIGNATURES UNDER PENALTY OF PERJURY

By signing I	below, I certify that (initial all that apply):
und tra crii crii	uring the last seven years, I have not been convicted of any felony or any crime involving driving der the influence of alcohol or other controlled substance; any crime involving the sale, use of, or ansportation of narcotics; any crime involving reckless driving; any suspension of driver's license; a minal assault; any crime involving theft or embezzlement; or any child annoyance or sex-related me. I understand that and submit to a background investigation conducted by the police partment.
	understand that Mobile Vending permits are for food vending only. Vending of goods, wares, or erchandise is prohibited.
my am	granted a mobile food vending permit, I agree to abide by all the conditions of approval issued with y permit, the terms of Santa Cruz Municipal Code Chapter 5.22, all other applicable laws, and all nendments to the conditions of approval, the Santa Cruz Municipal Code, and applicable laws. If I plated any of the above, I understand that my permit may be revoked.
Name Print	t:
Signature:	
Date:	