

BUSINESS/ OWNER INFORMATION		
1.	Business Name:	
	Owner Name:	
	Address:	
4.	City, State, Zip:	
	Phone Number(s):	
DESCRIPTION OF RENEWAL		
6.	Date permit originally received / last renewed:	
7.	Attach permit from the Santa Cruz County Department of Health and valid business license.	
8.	Description of vending vehicle(s). Please include license # and provide photos of the front, back, and both sides of the vehicle(s)	
9.	Where is/are the vending vehicle(s) parked/stored when not in use?	
10.	List of all persons operating/anticipated to operate the vending vehicles(s). Attach an "Application for Mobile Food Vending Vehicle Operator" form for each operator.	
11.	Describe the months and hours of operation of each vending vehicle during the last year:	
12.	Attach evidence that the owner and all operators have submitted the necessary information for a live scan or other background checks as determined by Santa Cruz Police Department, or evidence that this requirement has been waived by the Chief of Police. Existing operators who have obtained live scans within the last year may continue to operate a vending vehicle until this process has been completed and the Chief of Police has approved the operator.	



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

SIGNATURES UNDER PENALTY OF PERJURY

By sign	ing below, I certify that (initial all that apply):
	During the last seven years, I have not been convicted of any felony or any crime involving driving under the influence of alcohol or other controlled substance; any crime involving the sale, use of, or transportation of narcotics; any crime involving reckless driving; any suspension of driver's license; a criminal assault; any crime involving theft or embezzlement; or any child annoyance or sex-related crime. I understand that and submit to a background investigation conducted by the police department.
	I understand that Mobile Vending permits are for food vending only. Vending of goods, wares, or merchandise is prohibited.
	If granted a mobile food vending permit, I agree to abide by all the conditions of approval issued with my permit, the terms of Santa Cruz Municipal Code Chapter 5.22, all other applicable laws, and all amendments to the conditions of approval, the Santa Cruz Municipal Code, and applicable laws. If I violated any of the above, I understand that my permit may be revoked.
Name I	Print:
Signatu	ıre:
Date:	Permit Number: