



County of Tulare

221 S. Mooney Blvd. Room 104-E
Visalia, CA 93291

Cass Cook · Treasurer-Tax Collector
Paul Sampietro, CPA, Chief Deputy Treasurer-Tax Collector

Telephone: (559) 636-5250
Fax: (559) 733-6988

Application for Mobile Food Vendor Business License

Under Tulare County Ordinance Code §6-20-1020

The undersigned hereby applies for a MOBILE FOOD VENDOR Business License pursuant to all applicable Tulare County Ordinance Codes and makes the following statements:

Name of Applicant: _____

Applicant Residence Address: _____

City, State, Zip: _____

Residence Telephone: _____ Cell Phone: _____

That the exact name and location of the business is as follows:

Name: _____

Address: _____

City, State, Zip: _____ Business Telephone: _____

Email Address: _____ Website: _____

Business Type: Sole Proprietor Partnership Corporation Other: _____

List Names, Addresses and Telephone Numbers of Officers, Partners, or Managing Employees:

Applicant Personal Description:

Date of Birth _____ Place of Birth _____

Sex _____ Hair Color _____ Eye Color _____ Height _____ Weight _____

Driver's License No: _____

In case of an emergency, notify: _____

List complete Name, Address, and Telephone number of all employers for the past five years:

1. _____

2. _____

3. _____

4. _____

5. _____

List complete Name, Address and Telephone Number of five (5) character references:

1. _____

2. _____

3. _____

4. _____

5. _____

Description of Vehicle(s) to be used in Business:

1.) Make: _____ Model: _____ Year: _____

License #: _____ Vehicle Registration #: _____

Any Advertising or Business markings on Vehicle: _____

Description of commodities to be sold: _____

Nature and capacity of food storage facility of vehicle: _____

Description of Vehicle(s) to be used in Business (continued):

2.) Make: _____ Model: _____ Year: _____

License #: _____ Vehicle Registration #: _____

Any Advertising or Business markings on Vehicle: _____

Description of commodities to be sold: _____

Nature and capacity of food storage facility of vehicle: _____

Supplier Information:

Name and Address of food supplier(s): _____

Geographic area(s) in which you propose to operate: _____

Additional permits held by applicant: _____

*If applying for a military license fee exemption, complete the following:

Dates of Military Service: _____

Branch of Military served: _____

Discharge Status: _____

*Attach copy of military discharge papers (form DD214 or equivalent)

The applicant states hereto, as indicated by initialing each statement:

1. _____ That he/she is the individual who will actively operate and conduct the business under this license
2. _____ That he/she is deemed to be the authorized agent of all interested parties for the purpose of receiving any notice required by the ordinance under which this application is made or any other notice in connection with this application or license applied for.
3. _____ That he/she has never been charged or convicted of any felony at any time except as detailed on the reverse side of this application.
4. _____ That he/she has not been convicted of any misdemeanor, excluding non-moving traffic violations, within the previous ten (10) years, nor has been charged with any misdemeanor, excluding non-moving traffic violations, within the previous five (5) years except as detailed on the reverse side of this application.
5. _____ That he/she nor any person participating in this business has been denied a license at any time for a MOBILE FOOD VENDOR license or had such a license suspended or revoked by the authorities of any County or City in the State of California, except as detailed on the reverse side of this application.
6. _____ That a description of the vendor location and a description of all motor vehicles used in the mobile food business is attached along with a copy of the current registration.

I, _____, the undersigned, under penalty of perjury that I am the applicant, that I have read the foregoing application and know the contents thereof, and that the foregoing is true and correct of my own knowledge.

Executed on _____ at Visalia, CA 93291 _____
(Date) (Signature of Applicant)

RECEIPT is hereby acknowledged of the sum of Fifty-Two Dollars (\$52.00) from the above named applicant as the application fee provided for in §6-01-3000 of the Tulare County Ordinance Code.

* Attach a copy of Health Department Certification

Cass Cook

Auditor-Controller/Treasurer/Tax Collector

Date: _____

By: _____

Deputy Tax Collector
Phone: 559-636-5250

FEES REQUIRED:

Application	\$52.00
License	\$50.00
SB1186 fee	\$4.00

Distribution:

- a) Applicant
- b) Tax Collector
- c) Health & Human Services Agency