



City of Woodland

COMMUNITY DEVELOPMENT DEPARTMENT

520 COURT STREET WOODLAND, CA 95695

(530) 661-5820 (530) 406-0832 FAX

<http://www.cityofwoodland.org>

Mobile Food Vehicle Vendor Business Permit Application

How to Apply: Provide all required information and return to address above. If you have questions, contact the Community Development Department at the address above. Please allow two weeks for the review and notification.

Business Name: _____

Business Owner Name: _____

Physical Address Vendor Vehicle: _____

Mailing Address: _____

City _____ Zip _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____ Old Registration No. _____

Type of Ownership: Sole Proprietor Partnership Corporation Non-Profit Other

The name and address of all legal and registered owner (s) of the mobile vendor vehicle, and each person with a financial interest in the business that operates the mobile vendor vehicle.

| Name of legal/registered owner | Address | City/State | Zip | % share |
|--------------------------------|---------|------------|-------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| | |
|--|---|
| Board of Equalization No. _____ | Valid Identification _____ |
| Proof of Lease Agreement _____ | Business Registration _____ Vendor Vehicle Registration # _____ |
| Operational Hours _____ | Number of Employees _____ |
| Planned Start Date _____ | Location of Overnight Storage _____ |
| State Vehicle License Plate Number _____ | Vehicle Identification Number Of Mobile Vendor Vehicle _____ |
| Health Permit (Proof) _____ | Years at present location _____ |
| Number of Vehicles at location (1 max) _____ | Operation since 4/1/2011 (Y/N) _____ |

Signature of Applicant: _____ Date: _____

Print Name _____

Signature of Applicant: _____ Date: _____

Print Name _____