



City of Woodland

COMMUNITY DEVELOPMENT DEPARTMENT  
300 FIRST 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 \_\_\_\_\_