

APPROVED:

DATE:

City of Jurupa Valley 8930 Limonite Avenue Jurupa Valley, CA 92509

Vending Permit						
#						
Business Registration						
#						
Environmental Health						
Permit #						
VEHICLE PHOTOS □						

APPLICATION FOR A VENDING PERMIT

Jurupa Valley Municipal Code 6.20.40 and the California Health and Safety Code

Т	THIS APPLICATION IS FOR:	NEW OPERAT	ION A	NNUAL RENEWAL	CHANGE OF OWNERSHIP		
NA	NAME OF OWNER: DBA:						
AD	DRESS OF DBA:		CITY: _	ST.	ATE: ZIP:		
BII	LLING ADDRESS:		CITY: _	ST	'ATE: ZIP:		
ΑU	TOMOBILE INSURANCE:		CITY:_	S7	ГАТЕ: ZIP:		
GE	NERAL LIABILITY INSURANCE	::	(CITY:	STATE: ZIP:		
DATE YOU PLAN TO OPEN: DID YOU OPERATE THIS BUSINESS LAST YEAR?							
MO	BILE FOOD FACILITY (MFF) PERM	MIT CATEGORIES:					
	1. Produce Vehicle – whole, uncut prod	uce only			\$180.00		
	VEHICLE LICENSE #	YFAR.	MAKE.	OWNER/	OPERATOR:		
					BRI VERO BIOER (DE II) ESTI E		
	2. Prepackaged Food Push Cart – ice cream push cart, tamale cart, etc						
	□ 3. Prepackaged Food Vehicle – ice cream trucks, catering trucks, etc						
	VEHICLE LICENSE #	YEAR:	MAKE:	OWNER/	OPERATOR: DRIVERS LICENSE#/ EXP. DATE		
	VEHICLE LICENSE #	YEAR:	MAKE:	OWNER/	OPERATOR: DRIVERS LICENSE#/ EXP. DATE		
	VEHICLE LICENSE #	VEAD:	MAKE.	OWNER/	OPERATOR:		
	6. Non-food-Description of Product						
VEHICLE LICENSE #YEAR:MAKE:OWNER/OI					JOPERATOR: DRIVERS LICENSE#/ EXP. DAT.		
Ple	ase submit cash, credit card or mone	ey order payable to	City of Jurupa Va	alley with your application			
THIF NOT	ENDING PERMIT APPROVED BY A REPRESI HORIZED TO OPERATE UNTIL ALL APPRO RTY (30) DAYS OF THE DATE OF PERMIT EX RENEWED WITHIN SIXTY (60) DAYS OF LY FOR A RECEIPT/PERMIT, WITH APPROP PE	OVALS HAVE BEEN OB (PIRATION, AN ADDITIC THE DATE OF THE PE RIATE FEES ATTACHEI	TAINED. IN THE EV DNAL PENALTY FEE O RMIT EXPIRATION, A D, TO OPERATE THE A	ENT THE PERMIT IS NOT APPI OF 20% WILL BE REQUIRED. IF AN ADDITIONAL PENALTY OF	LIED FOR OR NOT RENEWED WITHIN THE PERMIT IS NOT APPLIED FOR OR 100% WILL BE REQUIRED. I HEREBY		
DA	TE:OWNER/OP	ERATOR:					
			SIGN	IATURE	DRIVERS LICENSE#/ EXP. DATE		
BUSINESS TELEPHONE: HOME TELEPHONE:							
E-l	MAIL ADDRESS:						
OFI	FICE USE ONLY:						