City of Jurupa Valley



8930 Limonite Avenue, Jurupa Valley, CA 92509

MOBILE FOOD FACILITY ROUTE SHEET

Mobile Fo	od Facility Name:	Vehicle Identification #:							License Plate #:			
Commissary Name:		Commissary Address (Street #, Street Name, City, and Zip Code):						Vei	Vending Permit #			
	LOCATION: address if at a single location: Street #	Street Name			City	,				Zip Code	2	
Days of Operation: Sun Mon Tue Wed Thu Fri Sat					n: Start Time End Time							
	LE LOCATIONS:											
Please provide your current route locations/stops below:												
STOP #	LOCATION / STOP ADDRESS				DAYS OF OPERATION						END TIME	
	(Street #, Street Name, C	City, & Zip Code)	Sun	Mon	Tue	Wed	Thu	Fri	Sat			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
I understand and agree that if I make any changes to my route or business location, I must notify Tracey Torres, Ext.254 within 30 days. Failure to notify this Department of any changes may result in an administrative citation, and suspension or revocation of the Vending Permit to operate a Mobile Food Facility. Owner name (print): Owner Signature: Telephone / Cell Number:												
Owner name (print):		Owner Signature: Teleph					ne / Cell Number:					
Fax #: E-mail: Website: _										Date:		

Mobile Food Facility Route: 8930 Limonite Ave., Jurupa Valley, CA 92509-5183, (951) 332-6464