BUSINESS LICENSE APPLICATION – MOTORIZED FOOD WAGON
$25.00 APPLICATION FEE

CHECKLIST OF REQUIREMENTS	
	Criminal History Background Check
	Vehicle Registration
	Valid Insurance
	Four Photographs of Vehicle (exterior views)
	Current Environmental Health Certificate
	Proof of Payment from Commissary (Past 12 Months)
	Signed Life Safety Inspection Requirement Form
	List of Merchandise for Sale
	No Prior Permit Revoked by the City of Lathrop
	If on Private Property, an Affidavit from Property Owner

BUSINESS INFORMATION

_____
BUSINESS NAME

_____
BUSINESS ADDRESS (LOCATION)   CITY   STATE   ZIP

*BUSINESS LOCATIONS WITHIN THE CITY MAY REQUIRE A HOME OCCUPANCY PERMIT.

_____
MAILING ADDRESS   CITY   STATE   ZIP

(_____)
BUSINESS PHONE   DATE BUS. STARTED IN LATHROP

APPLICANT INFORMATION

_____
NAME

_____
MAILING ADDRESS   **EMAIL ADDRESS**

(_____)
CITY   STATE   ZIP   CONTACT PHONE

OWNERSHIP : ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION

FEDERAL TAX ID# OR SSN# _____

STATE EMPLOYER ID# _____

SELLERS PERMIT / RESALE# _____

DRIVER'S LICENSE# _____

Email Address_____

Home Occupancy Permit Required?   YES ☐   NO ☐   Planning Approval: _____

Police Chief Authorization Required Per 110.40? YES ☐   NO ☐   *authorization completed* ☐

PRIVATE PROPERTY ☐ YES ☐ NO

AFFIDAVIT: I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE REPORTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____
SIGNATURE   DATE

RECEIVED BY:_____   DATE: _____   AMOUNT: _____

ADDITIONAL APPLICANT/ EMPLOYEE INFORMATION

NAME

MAILING ADDRESS   **EMAIL ADDRESS**

(   )

CITY   STATE   ZIP   CONTACT PHONE

OWNERSHIP : ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ NON-OWNER/EMPLOYEE

DRIVER'S LICENSE# _____

ADDITIONAL APPLICANT/ EMPLOYEE INFORMATION

NAME

MAILING ADDRESS   **EMAIL ADDRESS**

(   )

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