



**CITY OF SACRAMENTO
DEPARTMENT OF FINANCE**

**MOBILE FOOD VENDOR COMPANY
(Owner Information Sheet)**

Business Name _____ **Starting Date** _____

Business Manager _____ **Phone No.** _____

Business Address _____

Mailing Name _____

Mailing Address _____

Storage Address _____

Insurance Company _____ **Phone No.** _____

Address _____

Agent _____

I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct, and that if any of the above information should change I will contact the City of Sacramento at:

**915 I Street, Room 1214
Sacramento, California 95814
(916) 808-8500**

Signature _____ **Date** _____