



CITY OF SACRAMENTO
DEPARTMENT OF FINANCE

MOBILE FOOD VENDOR COMPANY
(Supplemental Ownership List)

Each person with 10% or more interest in the business will also have to file a personal disclosure statement.

1. Business Name _____

2. Business Address _____

3. Business Phone _____

4. Business Office Open _____
(DAYS) (HOURS)

5. List all partners:

a. Name _____ Position _____
Address _____ % Interest _____
City State Zip Phone _____

b. Name _____ Position _____
Address _____ % Interest _____
City State Zip Phone _____

c. Name _____ Position _____
Address _____ % Interest _____
City State Zip Phone _____

d. Name _____ Position _____
Address _____ % Interest _____
City State Zip Phone _____

I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct.

Signature _____ Date _____