



**CITY OF LATHROP  
BUSINESS LICENSE APPLICATION  
MOTORIZED FOOD WAGON**

**Finance Department**

390 Towne Centre Drive, Lathrop, CA 95330

Main: (209) 941-7320 Fax: (209) 941-7339

Email: [billing@ci.lathrop.ca.us](mailto:billing@ci.lathrop.ca.us)

**APPLICATION FEE \$25**

<b>CHECKLIST OF REQUIREMENTS</b>	
<input type="checkbox"/>	Criminal History Background Check
<input type="checkbox"/>	Vehicle Registration & Valid Insurance
<input type="checkbox"/>	Four Photographs of Vehicle (exterior views)
<input type="checkbox"/>	Current Environmental Health Certificate
<input type="checkbox"/>	Proof of Payment from Commissary (Past 12 Months)
<input type="checkbox"/>	Life Safety Inspection Permit from Fire Department
<input type="checkbox"/>	List of Merchandise for Sale
<input type="checkbox"/>	No Prior Permit Revoked by the City of Lathrop
<input type="checkbox"/>	If on Private Property, an Affidavit from Property Owner

<b>BUSINESS INFORMATION</b>			
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 _____		FEDERAL TAX ID# OR SSN# _____	
STATE EMPLOYER ID# _____		SELLERS PERMIT / RESALE# _____	
OWNERSHIP : <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
<b>APPLICANT INFORMATION</b>			
NAME _____		DRIVER'S LICENSE # _____	
MAILING ADDRESS _____			
( )		CITY _____ STATE _____ ZIP _____ HOME PHONE _____	

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

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT	APPROVED	DENIED	BY	REASON
PLANNING				
BUILDING				
CODE ENF.				
POLICE				
FIRE				
PUBLIC WORKS				

Home Occupancy Permit Required? YES  NO  Police Chief Authorization Required Per 110.40? YES  NO

authorization completed

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

PRIVATE PROPERTY  YES  NO

LIST LOCATIONS: \_\_\_\_\_

**LIST ALL PERSONS WORKING ON OR NEAR THE VENDING OPERATION**

VENDOR LICENSE NUMBER	NAME

**LIST TYPE OF FOOD WAGON(S)**

LICENSE NUMBER	TYPE OF FOOD WAGON