Mobile Food Vending Permit
Form MV-BR Renewal for Operator
Planning and Community Development Department & Police Department

OWNER INFORMATION

1. **Owner Name on Permit:** _____

2. **Make/Model of Vehicle:** _____
   - ☐ Truck requiring Class C license
   - ☐ Truck requiring special license
   - ☐ Other

OPERATOR INFORMATION

3. **Operator Name:** _____

4. **Address:** _____

5. **City, State, Zip:** _____

6. **Phone Number(s):** _____

7. **Date of Birth (MM/DD/YYYY):** _____

8. **Attach evidence that the owner and all operators have submitted the necessary information for a live scan or other background checks as determined by Santa Cruz Police Department, or evidence that this requirement has been waived by the Chief of Police. Contact Tim Cattera at tcattera@santacruzca.gov.** Existing operators who have obtained live scans within the last year may continue to operate a vending vehicle until this process has been completed and the Chief of Police has approved the operator.

SIGNATURES UNDER PENALTY OF PERJURY

By signing below, I certify that (initial all that apply):

_____ During the last seven years, I have not been convicted of any felony or any crime involving driving under the influence of alcohol or other controlled substance; any crime involving the sale, use of, or transportation of narcotics; any crime involving reckless driving; any suspension of driver's license; a criminal assault; any crime involving theft or embezzlement; or any child annoyance or sex-related crime. I understand that and submit to a background investigation conducted by the police department.

_____ I understand that Mobile Vending permits are for food vending only. Vending of goods, wares, or merchandise is prohibited.

_____ If granted a mobile food vending permit, I agree to abide by all the conditions of approval issued with my permit, the terms of Santa Cruz Municipal Code Chapter 5.22, all other applicable laws, and all amendments to the conditions of approval, the Santa Cruz Municipal Code, and applicable laws. If I violated any of the above, I understand that my permit may be revoked.

Name Print: _____

Signature: _____

Date: _____ **Permit Number:** _____