

	ICE CREAM TR	UCK PE	RMI	T RENE	WAL AP	PLICATIC	ON			
APPLICANT IN	FORMATION									
NAME					н	OME TELEPHONE	NO.			
HOME ADDRESS			CITY			ST	ATE, ZIP CODE			
DRIVER'S LICENSE NO. & EXPIRATION DATE		SOC	SOCIAL SECURITY NO.		BIRTHPLACE	AC	GE SE			
HEIGHT	WEIGHT	GEN	GENDER		HAIR COLOR	EY	'E COLOR			
EMPLOYER IN	ORMATION									
NAME		5	AI	1 /	TE	ELEPHONE NO.				
ADDRESS	/0	1	CITY		>1/	ST	ATE, ZIP CODE			
NATURE OF BUSINESS AND GOODS TO BE SOLD ARE THE PRODUCTS PRODUCED OR PURCHASED										
				☐ Produced ☐ Purchas			ased			
LENGTH OF TI	ME FOR WHICH PERM	IT IS REQU	ESTED							
VEHICLE INFOR	RMATION									
MAKE OF VEHICLE YEAR LICENSE PLATE NO.										
MANDATORY	ATTACHMENTS				-					
☐ Copy of the ro ☐ Valid Los Ang ☐ Photograph o prior to the o at least 2" x 2	of the above vehicle egistration of the above vereles County Health Certifical for the applicant taken with date of filing the application of the	cate nin 60 days ir on. Photograp	oh must	sec Cop ely the	curity no. y of an active y vehicle with	automotive insu	r's license and social urance policy covering company's agreement cancellation			
FINGERPRINTS	TAKEN BY POLICE DE	PARTMENT	Γ							
DATE										
HAVE YOU EVE	R BEEN CONVICTED O	OF A FELON	Y OR IV	1ISDEMEAI	NOR?					
☐ Yes ☐ No	IF YES, WHERE	WHEN		NATUR	RE OF OFFENSE	PUNISHMENT/PENALTY ASSESSED				
I DECLARE UNDER PENALTY OF MAKING A FALSE STATEMENT THAT THIS APPLICATION IS MADE BY ME, THAT I AM AUTHORIZED TO MAKE THIS APPLICATION AND THAT IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT TO THE BEST OF MY KNOWLEDGE.										
APPLICANT SIGNATURE			APPLICANT NAME (PRINT)				DATE			



ICE CREAM TRUCK PERMIT RENEWAL APPLICATION

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE										
NAME OF APPLICANT		CA DRIVER'S LICENSE		SOCIAL SE	CURITY NO.					
POLICE DEPARTMENT APPROVAL				DATE						
☐ Approved ☐ Denied										
FINGERPRINTS	PERMIT		BUSINESS LICENSE		RENEWAL					
\$	\$		\$		\$					
STICKER ISSUED				DATE						