



Chief of Police
Jeff Jennings

Police Department
City of Emeryville
2449 Powell Street
Emeryville, CA 94608



CATERING TRUCK APPLICATION

(If a field does not apply, write N/A for Not Applicable)
(Non-refundable inspection fee: \$332)

<http://www.ci.emeryville.ca.us/DocumentCenter/View/995/Sidewalk-Vendors-and-Catering-Trucks?bidId=>

COMPANY NAME:	
BUSINESS ADDRESS:	
CITY:	STATE & ZIP:
PHONE:	
FEDERAL TAX IDENTIFICATION #: (If you have employees, you are required to provide a Federal I.D. number. If no employees, please provide a Social Security number.):	
Please disclose all names, residences, and business addresses of all directors, officers, partners, owners and associates who directly or indirectly hold a financial interest. Attach additional sheet(s), if needed.	
NAME/TITLE:	DOB:
RESIDENCE:	DRIVER LICENSE #:
BUSINESS NAME/ADDRESS:	PHONE:
Have you ever been convicted of a crime concerning theft, possession of stolen property, or the sale of narcotics? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all criminal convictions:	
NAME/TITLE:	DOB:
RESIDENCE:	DRIVER LICENSE #:
BUSINESS NAME/ADDRESS:	PHONE:
Have you ever been convicted of a crime concerning theft, possession of stolen property, or the sale of narcotics? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all criminal convictions:	
NAME/TITLE:	DOB:
RESIDENCE:	DRIVER LICENSE #:
BUSINESS NAME/ADDRESS:	PHONE:
Have you ever been convicted of a crime concerning theft, possession of stolen property, or the sale of narcotics? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all criminal convictions:	



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GENERAL LIABILITY INFORMATION:

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

PHONE #: _____ POLICY #: _____

ATTACH A *COPY* OF YOUR GENERAL LIABILITY INSURANCE POLICY, COMPLYING WITH MUNICIPAL CODE SECTION 5-27.1.04(d) (13), NAMING AND INSURING THE OWNER/COMPANY. *The policy will include the Insurance Company's name, address, phone number and policy number.*

CATERING TRUCK INFORMATION: NUMBER OF VEHICLES OWNER INTENDS TO OPERATE IN THE CITY OF EMERYVILLE: _____

AUTOMOBILE LIABILITY INSURANCE:

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

PHONE #: _____ POLICY #: _____

ATTACH A *COPY* OF YOUR AUTOMOBILE LIABILITY INSURANCE POLICY, COMPLYING WITH MUNICIPAL CODE SECTION 5-27.1.04(d)(13), NAMING AND INSURING THE REGISTERED OWNER/COMPANY OF EACH CATERING TRUCK. *The policy will include the Insurance Company's name, address, phone number and policy number.*

EVIDENCE OF AUTOMOBILE REGISTRATION: ATTACH A *COPY* OF YOUR VEHICLE(S) REGISTRATION (MUST BE CURRENT)

Number of vehicles operating: _____

LIST THE MAKE, MODEL, YEAR, MILEAGE & LICENSE PLATE # OF EACH VEHICLE BEING SUBMITTED TO OPERATE IN THE CITY:

	MAKE/MODEL	YR	MILEAGE	LICENSE PLATE NUMBER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

BUSINESS LICENSE CERTIFICATE: ATTACH A *COPY* OF THE CERTIFICATE ISSUED BY THE CITY OF EMERYVILLE

BUSINESS TAX CERTIFICATE (SELLER'S PERMIT): ATTACH A *COPY* OF THE CERTIFICATE ISSUED BY THE CALIFORNIA STATE BOARD OF EQUALIZATION

ALAMEDA COUNTY HEALTH PERMIT: ATTACH A *COPY* OF THE PERMIT THAT WAS PROVIDED BY ALAMEDA COUNTY ENVIRONMENTAL HEALTH



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Have you applied for and been issued a catering truck permit in any other city?: Yes No
If yes, what city/cities and what is the status: _____

STATEMENT OF MERCHANDISE: ATTACH A *STATEMENT* OF THE TYPE OF FOOD TO BE SOLD (i.e. menu)

Do you intend to operate an open-air barbecue? Yes No

CHAPTER 14 OF TITLE 6: FOOD SERVICE WASTE REDUCTION:
You are obligated to comply with the City’s food service waste reduction ordinance. (See the following website: http://www.cawrecycles.org/files/Emeryville_ordinance.pdf).
ARE YOU IN COMPLIANCE? Yes No

TOILET/HAND WASHING FACILITY INFORMATION:
LOCATION AND/OR ADDRESS: _____
If the facility is located on private property, a copy of an enforceable contract between the private property owner and the vendor applicant allowing said vendor to utilize such facilities on the day(s) and hours of operation must be attached.

DESIRED LOCATION INFORMATION:
LOCATION(S) AND/OR ADDRESS: _____

DAY(S) AND HOURS OF OPERATION: _____

The applicant agrees to indemnify, protect, defend and hold harmless the City, the Emeryville Police Department, their officers, employees, agents and volunteers against all claims, damages, expenses, loss, liability, injury to persons, or property proximately caused by the act or neglect of the applicant or by hazardous or negligent conditions maintained at the applicant’s sales location(s).
ARE YOU IN AGREEMENT? Yes No



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The Emeryville Police Department shall conduct an investigation of this application and may issue a catering truck permit to the applicant within thirty (30) days of its receipt. If it is determined that there was a failure to disclose information, an incomplete application was submitted or there is inability to comply with the requirements set forth in this application, your request for a permit may be denied.

APPLICANT SIGNATURE: _____

TITLE: _____ DATED: _____

PERMIT APPROVED:	PERMIT DENIED:
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EMERYVILLE POLICE NAME/SERIAL #: _____ DATED: _____