Finance Department |Revenue Division
34009 Alvarado-Niles Road
Union City, CA 94587
Phone: 510-675-5312 | *Fax*: 510-489-5074
E-mail: Biz-License@UnionCity.Org
City Website: www.UnionCity.Org

Mobile Food Vendor Supplemental Form

Official City Use Only
Account Number: _____

NOTE: Please complete and attach to your business license application if you will be operating a Mobile Food Truck in Union City.

APPLICANT INFORMATION

1. **Business Name/ DBA:** _____

ACTIVITY LEVEL FOR BUSINESS TAX COMPUTATION

1. **Number of Food Trucks operating in Union City:** _____

VEHICLE INFORMATION:

Attach additional sheets for additional vehicles operating in Union City:

Vehicle Identification Number (*VIN*): _____ **License Plate #:** _____
Make: _____ **Model:** _____ **Year:** _____ **Color:** _____

Vehicle Identification Number (*VIN*): _____ **License Plate #:** _____
Make: _____ **Model:** _____ **Year:** _____ **Color:** _____

Vehicle Identification Number (*VIN*): _____ **License Plate #:** _____
Make: _____ **Model:** _____ **Year:** _____ **Color:** _____

Vehicle Identification Number (*VIN*): _____ **License Plate #:** _____
Make: _____ **Model:** _____ **Year:** _____ **Color:** _____

Vehicle Identification Number (*VIN*): _____ **License Plate #:** _____
Make: _____ **Model:** _____ **Year:** _____ **Color:** _____

DRIVER INFORMATION:

Attach additional sheets for additional drivers operating in Union City:

Driver Name 1: _____ **Driver License #:** _____ **License State:** _____ **License Exp.:** _____
Driver Name 2: _____ **Driver License #:** _____ **License State:** _____ **License Exp.:** _____
Driver Name 3: _____ **Driver License #:** _____ **License State:** _____ **License Exp.:** _____
Driver Name 4: _____ **Driver License #:** _____ **License State:** _____ **License Exp.:** _____
Driver Name 5: _____ **Driver License #:** _____ **License State:** _____ **License Exp.:** _____

INSURANCE INFORMATION:

1. **Liability Insurance Company Name:** _____
2. **Liability Insurance Policy Number:** _____ 3. **Expiration Date of Liability Insurance:** _____

Additional Information:

- In addition, for verification purposes, please include **copies** of the following items:
  - Valid and Current Vehicle Registration for California Department of Motor Vehicles (DMV) (for **each vehicle** listed above)
  - Certificate of Liability Insurance (must remain current at all times and must cover **each vehicle** listed above)
  - Valid and Current Driver's License from DMV (for **each driver** listed above)
  - Current and Valid copy of Alameda County Environmental Health Food Safety Permit (for **each vehicle** Listed above)
- Please note, Mobile Food vendors must comply with the following:
  - No stopping on private property except in Industrial Districts for up to 20 minutes with property owner permission *(Union City Municipal Code (UCMC) 18.40.120, 18.40.220, 18.40.320)*
  - No stopping on public streets for more than 10 minutes at a time and only when selling to a bona fide purchaser *(UCMC 10.36.130)*
  - No stopping on public streets within one thousand (1,000) feet of any public or private school site prior to 4pm on any regular school day. *(UCMC 10.36.130)*

I declare under penalty of perjury, that to the best of my knowledge, all information contained on this supplemental form is true and complete.

_____ _____ _____
Signature of Owner or Authorized Agent **Printed Name and Title** **Date**