

ICE CREAIN TRUCK PERIVITI APPLICATION									
APPLICANT INFORMA	ATION								
NAME						HOME TELEPHONE	NO.		
HOME ADDRESS			CITY			STATE, ZIP CODE			
DRIVER'S LICENSE NO. & EXPIRATION DATE		SOCI	SOCIAL SECURITY NO.		BIRTHPLAC	E A	GE		
HEIGHT	WEIGHT	GEN	GENDER		HAIR COLO	R E	YE COLOR		
EMPLOYER INFORMA	ATION								
NAME		5	H I	1 /-	ED	TELEPHONE NO.			
ADDRESS	/0	11	CITY			S	TATE, ZIP CODE		
NATURE OF BUSINES	S AND GOODS T	O BE SOLD		ARE THE I	PRODUCT	S PRODUCED C	R PURCHASED		
				☐ Produced ☐ Purchased					
LENGTH OF TIME FO	R WHICH PERMI	T IS REQUE	STED						
						10			
VEHICLE INFORMATI	ON								
MAKE OF VEHICLE YEAR LICENSE PLATE NO.									
MANDATORY ATTAC	HMENTS								
☐ Photograph of the ab ☐ Copy of the registrati ☐ Valid Los Angeles Cou ☐ Photograph of the ap prior to the date of at least 2" x 2" showi in a clear and distingu	on of the above velunty Health Certificated by the applicant taken with filing the application ing the head and sh	ate in 60 days in n. Photograp	h must	sec Cop cly the	curity no. y of an active vehicle wi	ve automotive ins	r's license and social urance policy covering company's agreement cancellation		
FINGERPRINTS TAKE	N BY POLICE DEI	PARTMENT	-						
DATE									
HAVE YOU EVER BEE	N CONVICTED O	F A FELON	Y OR N	1ISDEMEAI	NOR?				
☐ Yes ☐ No ☐ IF YES,	WHERE	E WHEN		NATURE OF OFFENSE		E PUNISHM	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		AP	APPLICANT NAME (PRINT)				DATE		



ICE CREAM TRUCK PERMIT 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					
\$	\$		\$	T	\$					
STICKER ISSUED				DATE						