

ADMINISTRATIVE SERVICES DEPARTMENT REVENUE SERVICES DIVISION – BUSINESS LICENSE TAX 425 North El Dorado Street • PO Box 1570 • Stockton, CA 95201 • (209) 937-8313 www.stocktonca.gov

# VENDORS: MOTORIZED FOOD TRUCK ICE CREAM TRUCK

### Forms Needed:

- Business License application
- Police Clearance form
- Live Scan form
- Color copy of government issued identification

## **City License Fees:**

- Annual Registration Tax \$24.00
- State Disability Act Fee \$ 4.00
- Annual Flat Rate Tax \$51.00
- Police Clearance Fees \$ 182.25

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FOR	OFFICE USE ONLY:			TY OF STO	OCKT	ON
ACC	COUNT #		ADMINIST	RATIVE SERVICES D	EPARTME	NT
CUS	STOMER ID #			ES DIVISION–BUSINE Street • PO Box 1570 •		
LICE	ENCE REF #			Phone (209) 937-831 Email: bl@stocktonca.	3	
CLA	.SS			www.stocktonca.gov	<u>907</u>	
			BUSINESS	LICENSE TAX A	PPLICA	ATION
NEW	LICNumber of Employees: Fu	Il TimePart Time_	Temporary	Square Footage		
СНА	NGEChange From		Date of Chang	jeB	us Lic #	
gua	<b>FE:</b> <u>Any change</u> in ownership, addre rantee that information on this form w SINESS INFORMATION:				y of Stocl	kton does not
1.	Business Name (DBA)			Phone(	)	
2.	Business Address (Cannot be PO Box per CA Bus & Prof Code Section 1	7538.5) (List address where eac	Ste/Apt # h individual consent to rece	City ive service of process AB2184		_Zip
3.	Business Mailing Address		Ste/Apt #	City	_State	_Zip
5.	Business Email Address Business involved in renting resid	ential or commercial	real estate (Stocl	(ton only):		
	Property Address		-			
	Property Owner		Parcel #			
6.	Detail Description of Business Activit	A/				
	-	у				
7.	Standard Industrial Classification (SI	-				
	Standard Industrial Classification (SI Are you Chamber of Commerce Gree	C):	Major Group: _			
8.		C): en Certified? Yes	Major Group: No (For inform	ation contact Chamber of	Commerce	(209) 547-2770)
8. 9.	Are you Chamber of Commerce Gree	C): en Certified? Yes Estimated	Major Group: No (For inform Monthly Gross Re	nation contact Chamber of eceipts in Stockton \$_	Commerce	(209) 547-2770)
8. 9. 10.	Are you Chamber of Commerce Gree Start date in the City of Stockton	C): en Certified? Yes Estimated	Major Group: _ No (For inform Monthly Gross Re CA Contract	ation contact Chamber of eceipts in Stockton \$_ or's License #	Commerce	(209) 547-2770)
8. 9. 10.	Are you Chamber of Commerce Gree Start date in the City of Stockton Contractor's only: Project Amount_	C): en Certified? Yes Estimated ration Date	Major Group: _ No (For inform Monthly Gross Re CA Contract Annua	ation contact Chamber of eceipts in Stockton \$_ or's License # al □ Quarterly Contr	Commerce actors Lic	(209) 547-2770) ense
8. 9. 10. 11.	Are you Chamber of Commerce Gree Start date in the City of Stockton <b>Contractor's only:</b> Project Amount_ ClassificationExpi	C): en Certified? Yes Estimated ration DateS	Major Group: _ No (For inform Monthly Gross Re CA Contract CA Contract Annua S# or Tax ID #	ation contact Chamber of eceipts in Stockton \$_ or's License # al □ Quarterly Contr	Commerce actors Lic	(209) 547-2770) ense
8. 9. 10. 11. 12.	Are you Chamber of Commerce Gree Start date in the City of Stockton Contractor's only: Project Amount_ ClassificationExpi Seller's Permit # Check One: □ Single Owner □ IER(S) INFORMATION: (The following p	C): en Certified? Yes Estimated ration DateS Partnership □ C	Major Group: _ No (For inform Monthly Gross Re CA Contract Annua S# or Tax ID # Corporation □ I ublic and will not be sha	ation contact Chamber of eceipts in Stockton \$_ or's License # al	Commerce actors Lic	(209) 547-2770) ense
8. 9. 10. 11. 12.	Are you Chamber of Commerce Gree Start date in the City of Stockton Contractor's only: Project Amount ClassificationExpi Seller's Permit # Check One:	C): en Certified? Yes Estimated ration DateS ] Partnership □ C ersonal information is not p Business and Professions	Major Group: No (For inform Monthly Gross Re CA Contract Annua S# or Tax ID # Corporation □ I ublic and will not be sha Code Section 17538.5(	ation contact Chamber of eceipts in Stockton \$ or's License # al	Commerce actors Lic	(209) 547-2770) ense -103.) Proof of f home address.
<ol> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>DWN</li> <li>1.</li> </ol>	Are you Chamber of Commerce Gree Start date in the City of Stockton Contractor's only: Project Amount_ ClassificationExpi Seller's Permit # Check One: □ Single Owner □ IER(S) INFORMATION: (The following p	C): en Certified? Yes Estimated ration DateS Partnership C ersonal information is not p Business and Professions A	Major Group: No (For inform Monthly Gross Re CA Contract Annua S# or Tax ID # Corporation □ I ublic and will not be sha Code Section 17538.5( ddress	ation contact Chamber of eceipts in Stockton \$_ or's License # al	Commerce actors Lic	(209) 547-2770) ense -103.) Proof of f home address.
<ol> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>DWN</li> <li>1.</li> </ol>	Are you Chamber of Commerce Gree Start date in the City of Stockton Contractor's only: Project Amount_ ClassificationExpi Seller's Permit # Check One: Single Owner Check One: Single Owner Check One: Single Owner Check One: Mange Owner Compliance with	C): en Certified? Yes Estimated ration DateS Partnership C ersonal information is not p Business and Professions A StateZi	Major Group: No (For inform Monthly Gross Re CA Contract Annua S# or Tax ID # Corporation II I ublic and will not be sha Code Section 17538.5( ddress	ation contact Chamber of eceipts in Stockton \$ or's License # al	Commerce actors Lic ty policy OL- tted in lieu o	(209) 547-2770) ense -103.) Proof of f home address.
<ol> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>OWN</li> <li>1.</li> </ol>	Are you Chamber of Commerce Gree Start date in the City of Stockton Contractor's only: Project Amount_ ClassificationExpi Seller's Permit # Check One: Single Owner Check One: Single Owner Check One: Single Owner Check One: Single Owner Check One: Distribution Compliance with Name City Date of Birth	C): en Certified? Yes Estimated ration DateS Partnership C ersonal information is not p Business and Professions A StateZi Driver's Lic or O	Major Group: No (For inform Monthly Gross Re CA Contract Annua S# or Tax ID # Corporation II # Code Section 17538.5( ddress p ther I.D.#	ation contact Chamber of eceipts in Stockton \$_ or's License # al	Commerce actors Lic ty policy OL- tted in lieu o	(209) 547-2770) ense -103.) Proof of f home address.
8. 9. 10. 11. 12. <b>OWN</b> 1.	Are you Chamber of Commerce Gree Start date in the City of Stockton Contractor's only: Project Amount ClassificationExpi Seller's Permit # Check One:	C): en Certified? Yes Estimated ration DateS Partnership C ersonal information is not p Business and Professions A StateZi Driver's Lic or O A	Major Group: No (For inform Monthly Gross Re CA Contract Annua S# or Tax ID # Corporation II I ublic and will not be sha Code Section 17538.5( ddress ther I.D.# ddress	ation contact Chamber of eceipts in Stockton \$ or's License # al	Commerce actors Lic ty policy OL- tted in lieu o)State_	(209) 547-2770) ense -103.) Proof of f home address.

## \*\*ALTERED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\*

FOR OFFICE USE ONLY:			
ACCOUNT #			
CUSTOMER ID #			
LICENSE REF #			

### CORPORATION, LLC, or LP INFORMATION: (Must be Registered in California)

Name	Corp/LLC/LP #
Names of Officers/Members	
President:	_Secretary:
Vice President:	Treasurer:
Authorized Agent:	_Contact Phone #
Authorized Agent:	_Contact Phone #

### PLEASE NOTE:

The Issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. It is your responsibility to renew your Business License whether or not you receive a renewal notice. If you are no longer conducting business in the City of Stockton, you must notify us in writing. To appeal a business license that has been denied see SMC 5.04.210.A.

# I HAVE READ AND UNDERSTAND THE TERMS ABOVE • I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Owner/Authorized Signature	Title	Date
Owner/Authorized Signature	Title	Date

#### **Disability Access and Education Fee (SB 1186)**

\*\*State Mandated Disability Access and Education Revolving Fund.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at <u>www.dgs.ca.gov/dsa/Home.aspx</u>.
- o The Department of Rehabilitation at www.rehab.cahwnet.gov.
- The California Commission on Disability Access at <u>www.ccda.ca.gov</u>.

#### BELOW IS FOR OFFICE USE ONLY: PLEASE DO NOT WRITE IN ADDITIONAL INFORMATION BELOW THIS LINE

Processed By:		Date:	Business License Taxes/Fees	Amount
Dept/Div Checked Must Approve or Deny		Authorized Signature and Date	Registration Tax	
Planning	Approved Denied		Mill Tax/Flat Rate Tax	
Building			Penalty	
Fire	Approved Denied		Prior Year(s) Taxes	
Police	Approved Denied		**State Mandated Disability Access and Education Revolving Fund	
□ MUD/Stormwater	Approved Denied		Other: Adjustments/Credits	
Other:	Approved Denied		Total Due	
	•		Expiration Date	

Account #\_\_\_\_\_

Customer ID #\_\_\_\_\_

License Ref #\_\_\_\_\_

Offic	ce Use Only:			
	Cannabis Dispensary Emp	 Cannabis Dispensary Owner		
	Peddler	 Funeral Escort		
	Solicitor	 Bingo		
	Taxi Cab Driver	 Transient Photographer	.	_
	Ice Cream Vendor	 Motorized Food Wagon Vendor		
	Card Room Employee	 Card Room Owner		
	Massage Technician	 Massage Owner		
	Non Emergency Transport			



## POLICE CLEARANCE APPLICATION CHIEF OF POLICE CITY OF STOCKTON, CALIFORNIA

P #\_\_\_\_\_ Exp:\_\_\_\_\_ □ New □ Renewal

Appointment Date/Time:

Location: 22 E Weber Ave (Center St Entrance)

To Reschedule Call 209-937-8313

**INDIVIDUAL INFORMATION REQUIRED FOR CLEARANCE - APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED** In applying for a license in the City of Stockton, I offer the following information regarding myself:

AME:LAST	FIRST	TELEF MIDDLE	PHONE: <u>()</u>	
LAST K.A.(S):	FIRST	MIDDLE		
		CITY:	STATE:	ZIP:
USINESS NAME:				
USINESS ADDRESS:			STATE:	ZIP:
GE: DATE OF BIR	RTH:	PLACE OF BIRTH:		
EIGHT: WEIGHT: _	SEX: M	F EYE COLOR:	HAIR COI	LOR:
HECK ONE) MARRIED:	SINGLE: [	DIVORCED:SEPARATED:_		
RIVER'S LICENSE NUMBER	OR IDENTIFICATION	NUMBER:		STATE:
OCIAL SECURITY NUMBER:		·		
REVIOUS EMPLOYERS: COMPANY NAME	ADDRESS	CITY	STATE	COUNTRY
EFERENCES: NAME	ADDRESS	CITY	STATE	ZIP
·				
		RRESTS (If none, initial here	)	]
DATE OF ARREST		LOCATION OF ARREST	C	HARGE(S)

IMPORTANT NOTICE: I declare under penalty of perjury that the statements made on this application are true and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial or revocation of the Regulatory work permit. I also understand I will be fingerprinted upon my initial application and will be photographed annually. I am aware that all fees associated with this application are non-refundable.

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## **REQUEST FOR LIVE SCAN SERVICE**

STOCKTON POLICE DEPARTMENT       17207         Agency Authorized to Receive Criminal Record Information       22         Street Address or P.O. Box       CA         STOCKTON       CA       95202         City       State       21P CARE Value         Applicant Information.       East Name       Middle Initial         Contact Telephone Number       Middle Initial       Contact Telephone Number         Applicant Information.       East Name       Middle Initial       Contact Telephone Number         Applicant Information.       East Name       First Name       Middle Initial       Contact Telephone Number         Applicant Information.       East Name       First Name       Middle Initial       Contact Telephone Number         Applicant Information.       East Name       First Name       Middle Initial       Contact Telephone Number         Applicant Information.       East Name       First Name       Middle Initial       Contact Telephone Number         Part Address Street Address or P.O. Box       Male       Female       Driver's Learse Number       East ZIP Code         Vour Number:	Applicant Submission		
ORI (core serviced typol)     Authorized Applicant Type       Type of License/Certification/Permit OR Working Title (utawara to chasades - if asagered by DOL use such the asagered)       Contributing Agency Information:     17207       STOCKTON POLICE DEPARTMENT     Mail Code (five digit code assigned by DOL)       22 E. MARKET ST     DIANA GONZALEZ       Streit Address or P.O. Box     Contact Vane (mandatory for all school submissions)       STOCKTON     CA       95202     Contact Telephone Number       Applicant Information:     Erist Name       Liast Name     First Name       Other Name     Middle Initial       Other Name     First Name       Middle Initial     Erist Name       Other Name     First Name       Market or State     Erist Name       Other Name     First Name       Market or State     Erist Name       Other Name     First Name       Market or State     Erist Name       Other Name     Middle Initial       Other Name     First Name       Market or State     Erist Name       Other Name     Middle Initial       Other Name     First Name       Market or State     Erist Name       Other Name     Market       Place of Birth (State or Country)     Social Security Namber <td< th=""><th>CA0390500</th><th>PERMIT</th><th></th></td<>	CA0390500	PERMIT	
Contributing Agency Information:       17207         STOCKTON POLICE DEPARTMENT       Mail Code (five-digit code assigned by DOJ)         Agency Authorized Necevice Criminal Record Information       DIANA GONZALEZ         Street Address of P.O. Box       CA         STOCKTON       CA         Oty       State         ZIP Code       Contact Name (mandatory for all school submissions)         City       State         Applicant Information:       Ca         Last Name       First         Other Name (AKA or Alas)       East         Gast of Birth       Sox         Maile       Female         Direct State       Social Security Number         Number       (opersplaing Number)         Number       (opersplaing Number)         Number       (opersplaing Number)         Place of Birth (State or Country)       Social Security Number         Number       (opersplaing Number)         Vour Number:			
Agency Authorized to Receive Criminal Record Information       Mail Code (five-digit code assigned by DOJ)         22 E MARKET ST       DIANA GONZALEZ         Street Address OF O. Box       Contact Name (mandatory for all school submissions)         STOCKTON       CA       95202         City       State       ZIP Code         Applicant Information:       Einst Name       Modie Initial         Christian       First Name       Modie Initial         (AK or Alas)       East       First         Other Name       Maile       First Name       Modie Initial         (AK or Alas)       East       First Name       Modie Initial         (AK or Alas)       East       First       First       First         Date of Birth       Sex       Male       Female       Driver's Loense Number       Milling         Height       Weight       Eye Color       Hair Color       Number       Milling         Number       (Detertisation Number)       Misc.       Number       Constant Name (manuter)         Vour Number:       Social Security Number       Number       Constant All Code (five reginery fourthymp Number)         Your Number:       OCA Number (Agency Isonthymp Number)       Original ATTI Number       DOJ       FBI      <	Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if	f assigned by DOJ, use exact title assigned)	
Agency Authorized to Receive Criminal Record Information       Mail Code (five-digit code assigned by DOJ)         22 E MARKET ST       DIANA GONZALEZ         Street Address OF O. Box       Contact Name (mandatory for all school submissions)         STOCKTON       CA       95202         City       State       ZIP Code         Applicant Information:       Einst Name       Modie Initial         Christian       First Name       Modie Initial         (AK or Alas)       East       First         Other Name       Maile       First Name       Modie Initial         (AK or Alas)       East       First Name       Modie Initial         (AK or Alas)       East       First       First       First         Date of Birth       Sex       Male       Female       Driver's Loense Number       Milling         Height       Weight       Eye Color       Hair Color       Number       Milling         Number       (Detertisation Number)       Misc.       Number       Constant Name (manuter)         Vour Number:       Social Security Number       Number       Constant All Code (five reginery fourthymp Number)         Your Number:       OCA Number (Agency Isonthymp Number)       Original ATTI Number       DOJ       FBI      <	Contributing Agency Information:		
22 E MARKET ST       DIANA GONZALEZ         Street Address or P.O. Box       CA 95202         Contact Name (mandatory for all school submissions)       COntact Name (mandatory for all school submissions)         Applicant Information:       Contact Name         Applicant Information:       Erist Name         Contact Name       Model Initial         Other Name       First Name         (Aka or Auag)       East         Date of Binh       Sox         Sox       Male         Place of Binh       Sox         Social Security Number       Misc.         Number       (Other Identification Number)         Place of Binh (State or Country)       Social Security Number         Misc.       (Due to file titleation Number)         Hore       City       State         Your Number:			
Street Address or P.O. Box       CA       95202       Contact Name (mandatory for all school submissions)         STOCKTON       CA       95202       Contact Name (mandatory for all school submissions)         Applicant Information:       (209) 937-8422       Contact Name (mandatory for all school submissions)         Applicant Information:       Image: Contact Name (mandatory for all school submissions)       Middle Initial         Applicant Information:       Image: Contact Name       Middle Initial       Middle Initial         Contact Name       Pirst Name       Middle Initial       Middle Initial         Other Name       Eirst       Image: Contact Namber       Middle Initial         Date of Birth       Sex       Male       Female       Driver's License Number         Place of Birth (State or County)       Social Security Number       Misc:			
STOCKTON       CA       95202       (209) 937-8422         City       State       ZIP Code       Contact Telephone Number         Applicant Information:       Image: Contact Telephone Number       Middle Initial         Contact Telephone Number       Middle Initial       Middle Initial         Oate of Birth       See       Male       Female       Driver's License Number         Billing       Number       Last       Middle Initial         Place of Birth       Veight       Eye Color       Hair Color       Number         Under       Veight       Eye Color       Hair Color       Number         Other Identification Number       Original ATI Number       Misc.       Number         Your Number:       Occa Number (Agency Werdifying Number)       Original ATI Number       DOJ       FBI         Your Number       Original ATI Number       Mid       Male       N/A       Mid         Employer (Additional response for agencies specified by statute):       N/A       Mid       Middle Initial       Mid <td></td> <td></td> <td></td>			
City       State       ZIP Code       Contact Telephone Number         Applicant Information:	STOCKTON CA 95202		
Other Name (AKA or Alias)       Last       First         Date of Birth       Sex       Male       Female       Driver's License Number         Height       Eye Color       Hair Color       Billing Number       Misc.         Place of Birth       Social Security Number       Misc.       Misc.         Place of Birth (State or Country)       Social Security Number       Misc.         Home Address       Street Address or P.O. Box       City       State       ZIP Code         Your Number:		Contact Telephone Number	
Other Name First   Cate of Birth Sex   Male Female   Driver's License Number   Height Eye Color   Hair Color Number   //Accercy Biling Number)   OCA Number (Accercy Biling Number)   Number   //Accercy Biling Number)   OCA Number (Accercy Biling Number)   Number   //OCA Number (Accercy Biling Number)   //A City   State   ZIP Code   N/A   City   State   ZIP Code   N/A   N/A   N/A   City   State   ZIP Code	Applicant Information:		
(AkX or Aliais) Est First     Date of Birth Sex Male     Place of Birth Eye Color     Hair Color     Number     (Other Kleintfocation Number)     Place of Birth (State or County)   Social Security Number   Misc.   Place of Birth (State or County)   Social Security Number   Misc.   Place of Birth (State or County)   Social Security Number     Misc.   (Other Kleintfocation Number)     Home   Address   Street Address or P.O. Box   City      Your Number:  OCA Number (Agency Identifying Number)   Level of Service:      If re-submission, list original AT1 number:   (Must provide proof of rejection)     Employer (Additional response for agencies specified by statute):   N/A   Street Address or P.O. Box     N/A   Street Address or P.O. Box     N/A   Employer Name   N/A   Street Address or P.O. Box     N/A   City   State   ZIP Code     N/A   Employer Name   N/A   City   State   ZIP Code     N/A   City   State   ZIP Code     N/A     N/A <td>Last Name</td> <td>First Name (Middle Initial)</td> <td>Suffix</td>	Last Name	First Name (Middle Initial)	Suffix
Date of Birth Weight Eye Color Hair Color   Height Weight Eye Color Hair Color   Place of Birth (State or Country) Social Security Number Misc.   Number		First	Suffix
Height Weight Eye Color Hair Color Number   Place of Birth (State or Country) Social Security Number Misc.   Home Address Street Address or P.O. Box City   Your Number:   OCA Number (Agency Identifying Number)    If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute):   N/A   Employer Name   N/A   Street Address or P.O. Box   Vi/A Telephone Number (optional) Live Scan Transaction Completed By:	Date of Birth Sex Male Female	Driver's License Number	
Place of Birth (State or Country)       Social Security Number       Number	Height Weight Eye Color Hair Color	Number	
Home Address       Street Address or P.O. Box       City       State       ZIP Code         Your Number:	Place of Birth (State or Country) Social Security Number	Misc. Number	
Your Number:	Home	(Other Identification Number)	
If re-submission, list original ATI number:       Original ATI Number         (Must provide proof of rejection)       Original ATI Number         Employer (Additional response for agencies specified by statute):       N/A         N/A       Mail Code (five digit code assigned by DOJ)         N/A       N/A         Street Address or P.O. Box       N/A         N/A       Telephone Number (optional)         Live Scan Transaction Completed By:	Address Street Address or P.O. Box	City State ZIP Code	1
(Must provide proof of rejection)       Original ATTNUMBER         Employer (Additional response for agencies specified by statute):       N/A         N/A       N/A         Employer Name       N/A         N/A       Mail Code (five digit code assigned by DOJ)         N/A       N/A         Street Address or P.O. Box       N/A         N/A       Image: Code         N/A       N/A         City       State         ZIP Code       Telephone Number (optional)		Level of Service: X DOJ T FBI	
N/A     N/A       Employer Name     Mail Code (five digit code assigned by DOJ)       N/A     Street Address or P.O. Box       N/A     State       ZIP Code     N/A       Live Scan Transaction Completed By:		Original ATI Number	
Employer Name       Mail Code (five digit code assigned by DOJ)         N/A	Employer (Additional response for agencies specified by statute):		
N/A     N/A       N/A     N/A       Oity     State       ZIP Code     N/A       Telephone Number (optional)			
Street Address or P.O. Box       N/A         N/A       State       ZIP Code         N/A       Telephone Number (optional)         Live Scan Transaction Completed By:		Mail Code (five digit code assigned by DOJ)	
City     State     ZIP Code     Telephone Number (optional)       Live Scan Transaction Completed By:			
Live Scan Transaction Completed By:	N/A	N/A	
	City State ZIP Code	Telephone Number (optional)	
Name of Operator Date	Live Scan Transaction Completed By:		
	Name of Operator	Date	
Transmitting Agency     LSID     ATI Number     Amount Collected/Billed	Transmitting Agency LSID	ATI Number Amount Collected/Billed	