



# CITY OF TUSTIN MOBILE VENDORS BUSINESS PERMIT APPLICATION

For an application to be accepted, all supplemental information required by Ordinance No. 1252 for purposes of clarification of the activity must be included with this application and the application fee.

**PLEASE PRINT OR TYPE**

Name of Applicant \_\_\_\_\_ Business Telephone \_\_\_\_\_  
Telephone \_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_

Business Address \_\_\_\_\_

Name of Business Operator \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Driver's License Number \_\_\_\_\_ Telephone \_\_\_\_\_  
Applicant's Home Telephone \_\_\_\_\_

Applicant's Residence Address \_\_\_\_\_

Residence Owner Name \_\_\_\_\_

Please describe fully the business or event to be conducted (attach additional information if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Hours of Operation (Hours) \_\_\_\_\_ (Days) \_\_\_\_\_

Have you ever been convicted of a felony?

Yes  No If yes, fill in the information below:

If you are the business owner, has any operator or employee of the business ever been convicted of a felony?

Yes  No If yes, fill in the information below:

Name	Address	Date of Birth	Place of Birth	Where Convicted	When Convicted
_____	_____	_____	_____	_____	_____

I declare under penalty of perjury the information entered on this form is true and correct to the best of my knowledge and belief. As a condition for the issuance of the permit applied for, I agree to submit any additional information required and to conduct all phases of this business in conformance with applicable laws, ordinances, and regulations established for such business.

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Return to the City of Tustin Business License Desk, 300 Centennial Way, Tustin, CA 92780)

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Permit Type \_\_\_\_\_ Amount \_\_\_\_\_ How Paid \_\_\_\_\_ Initials \_\_\_\_\_