



**PLANNING SERVICES  
DEPARTMENT**

411 Main Street (530) 879-6800  
P.O. Box 3420  
Chico, CA 95927

Application No. \_\_\_\_\_

**APPLICATION FOR  
Mobile Food  
Vendor Permit**

Applicant Information		
Applicant		Daytime Phone
Street Address		
City	State	Zip

Property Owner		Daytime Phone
Address		
City	State	Zip
Owner Signature (or Attach Signed Authorization)		

Project Information	
Property Address/Location	
Assessor's Parcel No.	Parcel Size
Existing Land Use	
Present Zoning	Present General Plan Designation

Request		
Days & Hours of Operation	No. of Employees	Street Parking (See Site Plan)

Required Signatures	
I hereby certify that this application and all other documents submitted are true and correct to the best of my knowledge and belief. <b>I also certify that I am the owner of the above property or have attached the owner's written consent to file this application. I understand that verification of property ownership or interests in the property or application may be required. (Before signing, see the information on the back of this application.)</b>	
Applicant's Signature	Date

For Office Use Only	
Application Received By	Receipt No.
Date	Application Fee \$
Assigned Planner	Total Fees \$ (Check payable to the City of Chico)

Code Enforcement