



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

INTENTIONALLY LEFT BLANK

FOR OFFICE USE ONLY:

 ACCOUNT # _____
 CUSTOMER ID # _____
 LICENCE REF # _____
 CLASS _____

BUSINESS LICENSE TAX APPLICATION
NEW LIC _____ Number of Employees: Full Time _____ Part Time _____ Temporary _____ Square Footage _____
CHANGE _____ Change From _____ Date of Change _____ Bus Lic # _____

NOTE: Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee that information on this form will be exempt from disclosure under the Public Records Act.

BUSINESS INFORMATION:

- Business Name (DBA) _____ Phone () _____
- Business Address _____ Ste/Apt # _____ City _____ State _____ Zip _____
(Cannot be PO Box per CA Bus & Prof Code Section 17538.5) (List address where each individual consent to receive service of process AB2184 Sec 1600.)
- Business Mailing Address _____ Ste/Apt # _____ City _____ State _____ Zip _____
(If different from the service process address/Business address)
- Business Email Address _____

5. Business involved in renting residential or commercial real estate (Stockton only):
Property Address _____
Property Owner _____ **Parcel #** _____

- Detail Description of Business Activity _____
- Standard Industrial Classification (SIC): _____ Major Group: _____
- Are you Chamber of Commerce Green Certified? Yes ___ No ___ (For information contact Chamber of Commerce (209) 547-2770)
- Start date in the City of Stockton _____ Estimated **Monthly** Gross Receipts in Stockton \$ _____
- Contractor's only:** Project Amount _____ CA Contractor's License # _____
 Classification _____ Expiration Date _____ Annual Quarterly Contractors License
- Seller's Permit # _____ SS# or Tax ID # _____
- Check One: Single Owner Partnership Corporation LP LLC

OWNER(S) INFORMATION: (The following personal information is not public and will not be shared in accordance with city policy OL-103.) Proof of compliance with Business and Professions Code Section 17538.5(b)(2)(A)(B) may be submitted in lieu of home address.

- Name _____ Address _____
 City _____ State _____ Zip _____ Home Phone (____) _____
 Date of Birth _____ Driver's Lic or Other I.D.# _____ State _____
- Name _____ Address _____
 City _____ State _____ Zip _____ Home Phone (____) _____
 Date of Birth _____ Driver's Lic or Other I.D.# _____ State _____

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:

- o The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.
- o The Department of Rehabilitation at www.rehab.ca.gov/net.gov.
- o The California Commission on Disability Access at www.cdda.ca.gov.

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	
<input type="checkbox"/> Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Mill Tax/Flat Rate Tax	
<input type="checkbox"/> Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Penalty	
<input type="checkbox"/> Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Prior Year(s) Taxes	
<input type="checkbox"/> Police	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		**State Mandated Disability Access and Education Revolving Fund	
<input type="checkbox"/> MUD/Stormwater	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Other: Adjustments/Credits	
<input type="checkbox"/> Other:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Total Due	
			Expiration Date	

PLEASE RETAIN A COPY FOR YOUR RECORDS

Account # _____

Customer ID # _____

License Ref # _____



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

Office Use Only:

<input type="checkbox"/> Cannabis Dispensary Emp Peddler	<input type="checkbox"/> Cannabis Dispensary Owner
<input type="checkbox"/> Solicitor	<input type="checkbox"/> Funeral Escort
<input type="checkbox"/> Taxi Cab Driver	<input type="checkbox"/> Bingo
<input type="checkbox"/> Ice Cream Vendor	<input type="checkbox"/> Transient Photographer
<input type="checkbox"/> Card Room Employee	<input type="checkbox"/> Motorized Food Wagon Vendor
<input type="checkbox"/> Massage Technician	<input type="checkbox"/> Card Room Owner
<input type="checkbox"/> Non Emergency Transport	<input type="checkbox"/> Massage Owner

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:

NAME: _____ **TELEPHONE:** () _____

LAST FIRST MIDDLE

A.K.A.(S): _____

MAILING ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

AGE: _____ **DATE OF BIRTH:** _____ **PLACE OF BIRTH:** _____

HEIGHT: _____ **WEIGHT:** _____ **SEX:** M ___ F ___ **EYE COLOR:** _____ **HAIR COLOR:** _____

(CHECK ONE) **MARRIED:** _____ **SINGLE:** _____ **DIVORCED:** _____ **SEPARATED:** _____

DRIVER'S LICENSE NUMBER OR IDENTIFICATION NUMBER: _____ **STATE:** _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PREVIOUS EMPLOYERS:

COMPANY NAME	ADDRESS	CITY	STATE	COUNTRY
1. _____				
2. _____				
3. _____				

REFERENCES:

NAME	ADDRESS	CITY	STATE	ZIP
1. _____				
2. _____				
3. _____				

RECORD OF ARRESTS (If none, initial here _____)

DATE OF ARREST	LOCATION OF ARREST	CHARGE(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.

SIGNATURE OF APPLICANT

DATE SIGNED

INTENTIONALLY LEFT BLANK



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0390500
ORI (Code assigned by DOJ)

PERMIT
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

STOCKTON POLICE DEPARTMENT
Agency Authorized to Receive Criminal Record Information

17207
Mail Code (five-digit code assigned by DOJ)

22 E MARKET ST
Street Address or P.O. Box

DIANA GONZALEZ
Contact Name (mandatory for all school submissions)

STOCKTON CA 95202
City State ZIP Code

(209) 937-8422
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Mail Code (five digit code assigned by DOJ)

N/A
Street Address or P.O. Box

N/A
City State ZIP Code

N/A
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed