



**TREASURER AND TAX COLLECTOR**

**Donna Riley**  
Treasurer and Tax Collector

PO Box 859, Modesto, CA 95353  
1010 10<sup>th</sup> Street, Ste 2500, Modesto, CA 95354  
Phone: 209-525-6388 Fax: 209-525-4347

**APPLICATION FOR PERMIT UNDER ORDINANCE 6.68 ITINERANT / MOBILE VENDOR**

10-Day Permit		30-Day Permit		1-Year Permit	
Stanislaus County	\$ 15.00	Stanislaus County	\$ 30.00	Stanislaus County	\$ 60.00
State of California	\$ 4.00	State of California	\$ 4.00	State of California	\$ 4.00
<b>Total Fee</b>	<b>\$ 19.00</b>	<b>Total Fee</b>	<b>\$ 34.00</b>	<b>Total Fee</b>	<b>\$ 64.00</b>

Name of Applicant: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Local Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

State Identification/Driver's License Information:

ID #:	Sex: M F	DOB:	HT:	Hair:	Eyes:
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Do you have a criminal record? Yes \_\_\_\_\_ No \_\_\_\_\_ Felony convictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Vehicle Information:

Year:	Make/Model:	LIC #:	Color:
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Type of Goods for Sale: \_\_\_\_\_

Taco Truck Yes _____ No _____ If Yes, Name of Truck:	
State Dept. of Food & Ag Permit #:	Receipt No:
Dept. Of Environmental Resources Inspection Notice Expiration Date:	

Employment Information:

Self Employed: (Skip to next section)	Employed:	Type of Business:
Employer's Name:	Employer's Phone #:	
Employer's Address:		

**STANISLAUS COUNTY ZONING CODES ALLOW ROADSIDE PEDDLERS IN UNINCORPORATED COMMERCIAL OR INDUSTRIAL ZONED AREAS ONLY.** \_\_\_\_\_ (INITIAL)

The undersigned attests, under penalty of perjury, that the statements contained in this application are true.

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

**For Office Use Only**

Permit Issued: \_\_\_\_\_ Permit Expires: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Processed By: \_\_\_\_\_

Copies To: Applicant, Sheriff & DER Office