

ATTACHMENT - 1



Superior Court of California,
 Count of Kern
 1415 Truxtun Avenue, Room 212
 Bakersfield, CA 93301

Application for Mobile Food Services

YOU MUST ALSO COMPLETE THE RFA FORM, SIGN AND DATE AND RETURN WITH COMPLETED APPLICATION TO BE CONSIDERED.
 ((PLEASE PRINT EXCEPT FOR SIGNATURE))

OWNER INFORMATION

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Business Name:					
Owner Name:					
Address:					
City:		State:		Zip:	
Home Phone:			Business Phone		
# of years in business		# of employees:		Email:	
Make/Model Of Vehicle:					
Insurance: Insurance is required for your application to be accepted and considered. Please submit a copy of your current certificate of insurance for each policy you have showing the effective date of coverage and when it expires. (check all that apply)					
General Liability:			Coverage Amount:	\$ _____	
Auto Liability:			Coverage Amount:	\$ _____	
Other:			_____	\$ _____	
Environmental Health Permit No.: (Submit copy of permit/certificates with your application to be considered)					
Food Truck information:					
Able to set up & take down daily:		Self-contained:	Clean water:	Grey Water:	
			Electrical:	Cooking Fuel:	
Check the services you are able to provide:					
Breakfast: _____	Lunch: _____		Breakfast & Lunch: _____		
Submit the following with your application:					
<ol style="list-style-type: none"> 1. Pictures of the mobile food vehicle (inside and out) 2. Menu and pricing for breakfast and lunch, if applicable. 3. Insurance certificates 4. Health permit and required certificates to provide mobile food services 					
_____ Signature of Applicant		_____ Print Name		_____ Date	