



# NON-EXCLUSIVE REVOCABLE FOOD-CATERING PERMIT APPLICATION

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

Legal Company Name: \_\_\_\_\_

Business Operating Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (No P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### CITY OF LOS ANGELES

Business Tax Registration Certificate No.: \_\_\_\_\_

### LAX SERVICE LOCATION(S):

1. List each location separately.
2. Submit a letter from each Tenant/Company, on Company letterhead, verifying the location, day(s) and time period(s) services are provided.
3. Attach additional sheets if necessary.

1. Tenant/Company Name: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Service Day(s): \_\_\_\_\_ Time Period(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

2. Tenant/Company Name: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Service Day(s): \_\_\_\_\_ Time Period(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

#### Check List:

- |  |  |
|--|--|
| _____ Food-Catering Permit Application form  | _____ Signed Food-Catering Permit (2)    |
| _____ Articles of Incorporation/Organization | _____ Cert of Compliance-Child Support   |
| _____ Fictitious Business Name Statement     | _____ Ground Transportation Vehicle List |
| _____ City of LA BTRC                        | _____ LA County Public Health Permit(s)  |
| _____ Equal Employ.Affirm Action Plan        | _____ DMV Registration(s)                |
| _____ Security Deposit                       | _____ Insurance Vehicle Schedule         |

Approval Date \_\_\_\_\_ Agreement No.: \_\_\_\_\_ AVI Billing/RAMS No. \_\_\_\_\_