



City of Guadalupe
Administrative Use Permit Application
For Food Truck or Trailer

Planning Division 918 Obispo Street, P.O. Box 908 Guadalupe CA

TYPE OF APPLICATION

- Food Truck Owner/Operator
- Food Truck Host (Industrial, Commercial, or Residential)

PROJECT INFORMATION:

Food Truck Business Name: _____

Operational Address (or adjacent address for operating in the Right-of-Way): _____

Assessor Parcel Number (s): _____

Existing Zoning: _____ Existing General Plan Designation: _____

Project Description: _____

(attach additional sheets if further description is needed to show compliance with Standard Conditions)

APPLICANT AND PROPERTY OWNER INFORMATION:

Applicant Name(s): _____

Mailing Address: _____

Primary Phone: _____

Email: _____

Truck

Trailer

Food Truck license plate/ Expiration date _____ / _____

Health Permit # and Expiration date _____ / _____

Property Owner(s): _____

Mailing Address: _____

Primary Phone: _____

Email: _____

Please Provide Site Plan with operational setup

Please Provide copy of Health Permit

CERTIFICATION, INDEMNIFICATION AND AUTHORIZATIONS

I am an applicant in this application. I certify that I have read it, that I know its contents, and find it true and correct to the best of my knowledge and belief. I hereby agree to indemnify, defend (with counsel reasonably approved by the City), and hold harmless the City of Guadalupe and its officers, officials, employees, and agents from and against any and all claims, demands, actions, proceedings, lawsuits, losses, damages, judgments and/or liabilities by third parties arising out of, related to, or in connection with the City's approval of the project application and any related environmental approvals, development approvals or project conditions. I will reimburse the City, its agents, officers, officials, or employees, for any court costs and attorney's fees that may be required by a court to pay as a result of such action.

Applicant Signature **Name (printed)** **Date**

I am the property owner. I certify that I have reviewed this completed application and the attached material, know its contents, find it true and correct to the best of my knowledge and belief, and consent to its filing. The above applicant is authorized to act for me unless I revoke this authority in writing delivered to the City of Guadalupe. City of Guadalupe staff are authorized to access the property for inspections and field investigations.

Property Owner Signature **Name (printed)** **Date**

<p>For City Use</p> <p>Received by: _____ Date: _____</p> <p>AUP Fee (\$340) Paid: _____ File Number: _____</p>
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