



**Stockton Fire Department • Fire Prevention Division**  
**345 N. El Dorado Street, Stockton, CA 95202**  
**(209) 937-8271 • Fax (209) 937-8893**  
**SFD-Prevention@stocktonca.gov**



## OPERATIONAL FIRE PERMIT APPLICATION

*Business License applications must also have a completed Operational Fire Permit application.*

Application Date: \_\_\_\_\_ Business Location: \_\_\_\_\_ City of Stockton \_\_\_\_\_ San Joaquin County \_\_\_\_\_

**Business Information:**

Business Name (DBA): \_\_\_\_\_

*Motor Vehicle Food Trucks Only* - License Plate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Is this a new business:  Yes  No If No, Date Business Opened: \_\_\_\_\_

Has the business relocated from another location?  Yes  No

If yes, provide former location/ date vacated: \_\_\_\_\_

**Billing Information:**

Owner: \_\_\_\_\_ Attention To: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Operational Fire Permits are not transferable. Operational Fire Permits are to be renewed annually. If you stop conducting business at this location, you must notify the Stockton Fire Department, Fire Prevention Division.*

*You must notify Fire Prevention of any changes in business ownership, activity, location, and name.*

*I understand that permits will be invoiced and failure to pay permit fees will result in a Non-compliance Fee being levied in addition to the required operational fire permit fees. Fees are subject to change.*

*By signing below, I hereby certify that I have read and understand the terms above, and that under penalty of perjury the information provided on this application is true and correct. I also acknowledge that the City of Stockton has adopted the Fire Code, and the amendments thereof and use of the permit(s) being applied for will conform to accepted standards.*

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

Operational Permits		
Permit Code	Description	Fee

**OFFICE USE ONLY**

Customer #: \_\_\_\_\_ Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_