



CITY OF MANTECA
MOBILE FOOD VENDOR PERMIT

V5

Permit Holder: Elmer Mejia # 2023-01

Name of Mobile Food Vehicle: Sabor Latino Food

Address of Operation: 515 E. Yosemite Ave Mtea, CA

Date Issued: 12/6/2023





City of Manteca Recreation and Community Services Department
 252 Magnolia Avenue, Manteca CA 95337 • Phone: (209) 456-8600 • Fax: (209) 923-8954
 www.mantecagov.com/recreation



MOBILE FOOD VENDOR PERMIT APPLICATION

Business name: Sabor Latino Food

Food Truck name (if different): _____

Address: ~~Manteca~~ 515 e Yosemite ave City, State, Zip: Manteca CA 95336

Name of individual representing business: _____

Contact phone number: (510) 857 2319 Email address: elmermejia52@gmail.com

Mobile Food Vendor Vehicle make: REMOL Model: 2020 Year: 2020

VIN: RE2017001294

How will you be disposing of gray water/untreated waste? at La comisaria Modesto
1211 S. 7th St Modesto CA 95331

What are your sources of fresh water? in the comisaria

What are your sources of power? Gas Generator

What permit type are you applying for? (check one) V1 V2 V3 V4 V5
 (see Definitions on following page)

PERMIT FEES

There is a fee of \$10/day or \$70/week fee for a permit to operate in Manteca parks.

ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

- Copy of San Joaquin County Environmental Health Department License/Permit NE expires 12/31/23
- Copy of City of Manteca Business License NE
- Proof of Insurance Documentation, as detailed in this document NE
- Photograph(s) of the Mobile Food-Vending Vehicle NE
- Copy of your Menu NE

RETURN THE APPLICATION WITH REQUIRED DOCUMENTS TO:

Manteca Recreation and Community Services Department, 252 Magnolia Avenue, Manteca, CA 95337

[Signature] Date: 11-06-2023
 Applicant signature

Elmer A. Mejia Montano Date: 11-06-2023
 Print applicant name

[Signature] Date: 11-06-2023
 Property owner signature

STAFF USE ONLY Date application received: <u>11/6/23</u> Fees paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Amount paid \$ <u>400</u>	PERMITTED DATES: <u>12/6/23</u> through <u>6/30/24</u> Insurance Received? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified by: <u>Andrew HR</u>	DEPARTMENT APPROVALS: <table border="0"> <tr> <td></td> <td style="text-align: center;">NAME</td> <td style="text-align: center;">DATE</td> </tr> <tr> <td>Recreation:</td> <td><u>[Signature]</u></td> <td><u>12/10/23</u></td> </tr> <tr> <td>CDD:</td> <td><u>[Signature]</u></td> <td><u>12/5/2023</u></td> </tr> </table>		NAME	DATE	Recreation:	<u>[Signature]</u>	<u>12/10/23</u>	CDD:	<u>[Signature]</u>	<u>12/5/2023</u>
	NAME	DATE									
Recreation:	<u>[Signature]</u>	<u>12/10/23</u>									
CDD:	<u>[Signature]</u>	<u>12/5/2023</u>									
NOTES: <u>Health permit expires 12/31/23</u> <u>permit expires 6/30/24</u> <u>NE</u>											

VENDOR DEFINITIONS

Types of Permits

Mobile Food Vendor permits shall be designated and defined as follows:

V1 – Allows a Mobile Food Vendor to operate on private commercial property.

◇ *Apply for V1 if you plan to operate only as contracted for private business events.*

V2 – Allows a Mobile Food Vendor to operate **ONLY** at active, permitted construction sites.

◇ *Apply for V2 if you plan to operate only at construction sites (This is your classic cantina style truck.)*

V3 – Allows a Mobile Food Vendor to operate **ONLY** on City of Manteca property.

◇ *Apply for V3 if you plan to operate only at city parks or other City-owned properties or City-designated sites.*

V4 – Allows a Mobile Food Vendor to operate **ONLY** in a residential zone.

◇ *Apply for V4 if you plan to operate only as contracted for events at private residences.*

V5 – Allows a Mobile Food Vendor to operate in all areas set out in **V1** through **V4** (provided, however, that a V5 permit requires an additional, annual processing fee of \$200, as staff will need to further review to ensure that the Mobile Food Vendor shall be in compliance with this Chapter, including recreation review, site plan review, and potential review by other departments, including, but not limited to Finance or the Police Department; in addition, the issuance of a V5 permit is included within the limit of V1 permits set out in section 10.70.040).

◇ *Apply for V5 if you wish to operate in any authorized area within the City limits.*

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

1868 E. Hazelton Ave • Stockton, CA 95205-6232 • Phone (209) 468-3420

Jasjit Kang, R.E.H.S., Director

ENVIRONMENTAL HEALTH

PERMIT TO OPERATE - PE 1635 - MOBILE FOOD PREPARATION UNIT (MFPU) # S239304

Permit ID # PT0029010 for Record ID # PR0548158

VEHICLE LIC # 4UA4393

Valid From 12/22/2022 To 12/31/2023

**PERMITS TO OPERATE are NOT TRANSFERABLE
and may be SUSPENDED or REVOKED for cause.**

PERMIT(s) Valid only for: **MEJIA MONTANO, ELMER**
DBA: **SABOR LATINO**

THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES

Regulated Facility: **SABOR LATINO #4UA4393**
1211 S SEVENTH ST
MODESTO, CA 95351

Facility ID **FA0027482**
Account ID **AR0053001**
Issued **12/28/2022**

Billing Address: **ATTN : MEJIA MONTANO, ELMER**
SABOR LATINO #4UA4393
12570 E MARIPOSA RD
STOCKTON, CA 95215

HEALTH INSPECTION REPORT AVAILABLE FOR REVIEW

THIS FOOD FACILITY IS INSPECTED BY:

San Joaquin County

**Environmental Health Department
(209) 468-3420**

**A COPY OF THE MOST RECENT INSPECTION REPORT
IS MAINTAINED AT THIS FOOD FACILITY
AND IS AVAILABLE FOR REVIEW**

**INSPECTIONS ARE ALSO AVAILABLE ONLINE AT
WWW.SJGOV.ORG/EHD**

California Health and Safety Code §113725.1. This or a similar notice must be posted

CITY OF MANTECA - BUSINESS LICENSE

PLEASE POST IN A CONSPICUOUS PLACE

Business Name	SABOR LATINO FOOD	License Number	10808351
Business Location	515 E YOSEMITE AVE # B MANTECA, CA 95336-5837	Effective Date	November 19, 2023
Business Type	MOBILE VENDOR - FOOD TRUCKS	Expiration Date	June 30, 2024

SABOR LATINO FOOD
12570 E MARIPOSA RD
STOCKTON, CA 95215-9597

For all inquiries regarding this license, contact HdL Business Support Center at (209) 684-7926.
This License is issued without verification that the Licensee is subject to or exempt from licensing by the state of California

This business license does not permit business operation unless your business is properly zoned and/or in compliance with all applicable laws/regulations.

SABOR LATINO FOOD :

Thank you for your payment on your City of Manteca Business License. If you have questions concerning your business license, contact the Business Support Center via email at: manteca@hdlgov.com or by telephone at: (209) 684-7926.

Keep this portion for your license separate in case you need a replacement for any lost, stolen, or destroyed license.

This certificate does not entitle the holder to conduct business before complying with all requirements of the Manteca Municipal code and other applicable laws, nor to conduct business in a zone where conducting such business violates law.

Starting January 1, 2021, Assembly Bill 1607 requires the prevention of gender-based discrimination of business establishments. A full notice is available in English or other languages by going to: <https://www.dca.ca.gov/publications/>



BUSINESS SUPPORT CENTER
8839 N CEDAR AVE #212
FRESNO, CA 93720-1832



City of Manteca BUSINESS LICENSE

SABOR LATINO FOOD
12570 E MARIPOSA RD
STOCKTON, CA 95215-9597

License Number: 10808351
Date of Issue: 11/19/2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/01/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER RVA INSURANCE AGENCY, INC. 1341 W. ROBINHOOD DR. SUITE A1 STOCKTON CA 95207	CONTACT NAME: Vickey Sanchez PHONE (A/C, No, Ext): (209) 898-0650 E-MAIL ADDRESS: vickey@rvains.com	FAX (A/C, No): (209) 898-0651
	INSURER(S) AFFORDING COVERAGE	
INSURED Elmer A Mejia Montano, DBA: Sabor Latino Food 12570 E Mariposa Rd Stockton CA 95215	INSURER A: Hiscox Insurance Company Inc NAIC # 10200	
	INSURER B: United Financial Cas 11770	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2311118635

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		S102.944.950	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		974682588	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2008 FORD F250 1FTSW21R48EA22100
 2020 REMOL TRAILER RE2017001294

LOCATION OF PREMISES: 515 E YOSEMITE AVE, MANTECA, CA 95336

THE CITY OF MANTECA, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS, AND VOLUNTEERS ARE LISTED AS ADDITIONAL INSURED

CERTIFICATE HOLDER**CANCELLATION**

The City of Manteca 1001 W Center Manteca CA 95337	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Declarations Page



Commercial General Liability Declarations

In return for the payment of the premium, and subject to all the terms of this Policy, we agree with you to provide the insurance as stated in this Policy.

Declaration effective from:

Policy No.:

Named Insured:

Address:

Email Address:

Policy period: From: To:
At 12:01 A.M. (Standard Time) at the address shown above.

Form of Business:

Each Occurrence Limit:

Damage to Premises Rented to You Limit:

Medical Expense Limit:

Personal & Advertising Injury Limit:

General Aggregate Limit:

Products/Completed Operations Aggregate Limit:

Supplemental Business Personal Property Floater Coverage Limit:

Supplemental Business Personal Property Floater Coverage Deductible:

All Premises You Own, Rent or Occupy

Premises Number:

Address:

Total Premium:

Attachments:



HISCOX INSURANCE COMPANY INC. (A Stock Company)
104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

President

Secretary

Authorized Representative



HISCOX INSURANCE COMPANY INC. (A Stock Company)
104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603

Forms and Endorsements Schedule

Forms and Endorsements made part of this policy at time of issue:

CGL D001 10 18 - Commercial General Liability Declarations
INT D001 01 10 - Forms and Endorsements Schedule
CGL E5410 CW (03/10) - Policy Changes

Endorsements



Hiscox Insurance Company Inc.

Policy Number: P102.589.277.1
 Named Insured: Elmer Mejia DBA Sabor Latino Food
 Endorsement Number: 22
 Endorsement Effective: 12/04/2023

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

The following item(s):

<input checked="" type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business of Insured
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Additional Interested Parties	<input type="checkbox"/> Coverage Forms and Endorsements
<input checked="" type="checkbox"/> Limits/Exposures	<input type="checkbox"/> Deductibles
<input type="checkbox"/> Covered Property/Located Description	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input checked="" type="checkbox"/>	NO CHANGES	<input type="checkbox"/>	TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
				\$	\$

POLICY CHANGES ENDORSEMENT DESCRIPTION

It is understood and agreed that effective 12/04/2023, the Policy's Named Insured has been changed to Elmer Mejia DBA Sabor Latino Food.

It is understood and agreed that effective 12/04/2023, the General Aggregate Limit has been changed to \$2,000,000.

All other terms and conditions remain unchanged.



MEXICAN FOOD

**OWNER: ELMER MEJIA
SABOR LATINO
2001 MAIN ST.
ESCALON CA. 95320
209.404.4810**



- MEAT CHOICE**
- Asada
 - Pollo
 - Pastor
 - Lengua
 - Cabeza
 - Tripa
 - Buche
 - Carnitas
 - Chorizo



Sabor Latino

- MEAT
CHOICE
- Asada
 - Pollo
 - Paster
 - Lengua
 - Cabeza
 - Tripa
 - Bucho
 - Carritas
 - Chorizo

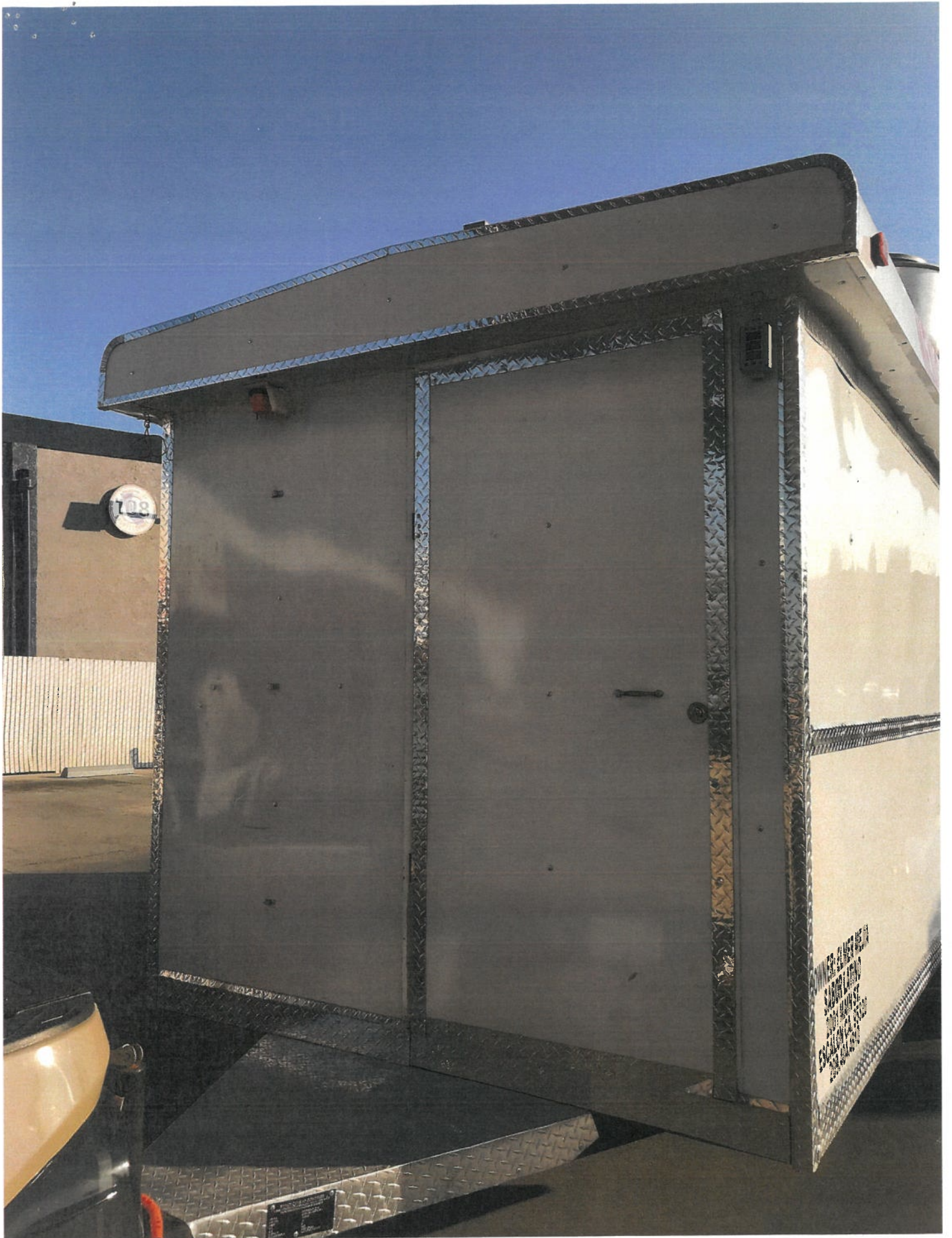
PICK UP



Salvadorian And Mexican Food
Orders To Go 209-404-4810

FOR CATERING CALL:

OWNER: ELMER MEJIA
SABOR LATINO
2001 MAIN ST.
ESCALON CA. 95320
209.404.4810



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WWW.FOR-TRUCKS.COM
800-451-7829
303-435-1234

N Garfield Ave

