



CITY OF MANTECA
MOBILE FOOD VENDOR PERMIT

V3

Permit Holder: Nora Perez #2023-06
Name of Mobile Food Vehicle: NO ONE NO
Address of Operation: Library Park Manteca CA
Date Issued: 3/20/24 ex. 4/30/24

Location: Manteca Library Park



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: NO QUENO
Food Truck name (if different): NO QUENO
Address: 1672 Union rd City, State, Zip: Manteca CA 95339
Name of individual representing business: Nora B Perez
Contact phone number: (209) 486 2339 Email address: foodtrucknoqueno@gmail.com
Mobile Food Vendor Vehicle make: Troca Model: GMC Year: 1998
VIN: 1GDPJP32R2W3500550
How will you be disposing of gray water/untreated waste? COMMISSARY SERVICES

What are your sources of fresh water? COMMISSARY

What are your sources of power? COMMISSARY

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
 - Copy of City of Manteca Business License
 - Proof of Insurance Documentation, as detailed in this document
 - Photograph(s) of the Mobile Food-Vending Vehicle
 - Copy of your Menu

RETURN THE APPLICATION WITH REQUIRED DOCUMENTS TO:
Manteca Recreation and Community Services Department, 252 Magnolia Avenue, Manteca, CA 95337

Nora Perez 02/8/24
Applicant signature Date
Nora Perez 02/8/24
Print applicant name Date
Megan Kuehhardt 3/20/24
Property owner signature Date

STAFF USE ONLY Date application received: _____ Fees paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Amount paid \$ <u>250</u>	PERMITTED DATES: <u>3/20/24</u> through <u>3/30/24</u> Insurance Received? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified by: <u>Andrew Neupust</u> <u>RISK</u>	DEPARTMENT APPROVALS: NAME DATE Recreation: <u>Megan Kuehhardt</u> <u>3/20/24</u> CDD: _____
NOTES:		

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)

Permit ID # PT0028013 for Record ID # PR0546810

VEHICLE LIC # 8P38708

Valid From 1/1/2024 To 12/31/2024

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

PERMIT(s) Valid only for: PEREZ BERNABE, NORA
DBA: NO QUE NO

THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES

Regulated Facility: NO QUE NO #8P38708
1211 S SEVENTH ST
MODESTO, CA 95351

Facility ID **FA0026511**
Account ID **AR0050474**
Issued **1/25/2024**

Billing Address: ATTN : PEREZ BERNABE, NORA
NO QUE NO #8P38708
1672 VIVIAN RD
MODESTO, CA 95350

CITY OF MANTECA - BUSINESS LICENSE TAX CERTIFICATE

PLEASE POST IN A CONSPICUOUS PLACE

Business Name	NO QUE NO	License Number	10808504
Business Location	1672 VIVIAN RD MODESTO, CA 95358-6222	Effective Date	January 24, 2024
Business Type	MOBILE VENDOR - FOOD TRUCKS	Expiration Date	June 30, 2024

NO QUE NO
1672 VIVIAN RD
MODESTO, CA 95358-6222

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

NO QUE NO :

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/>



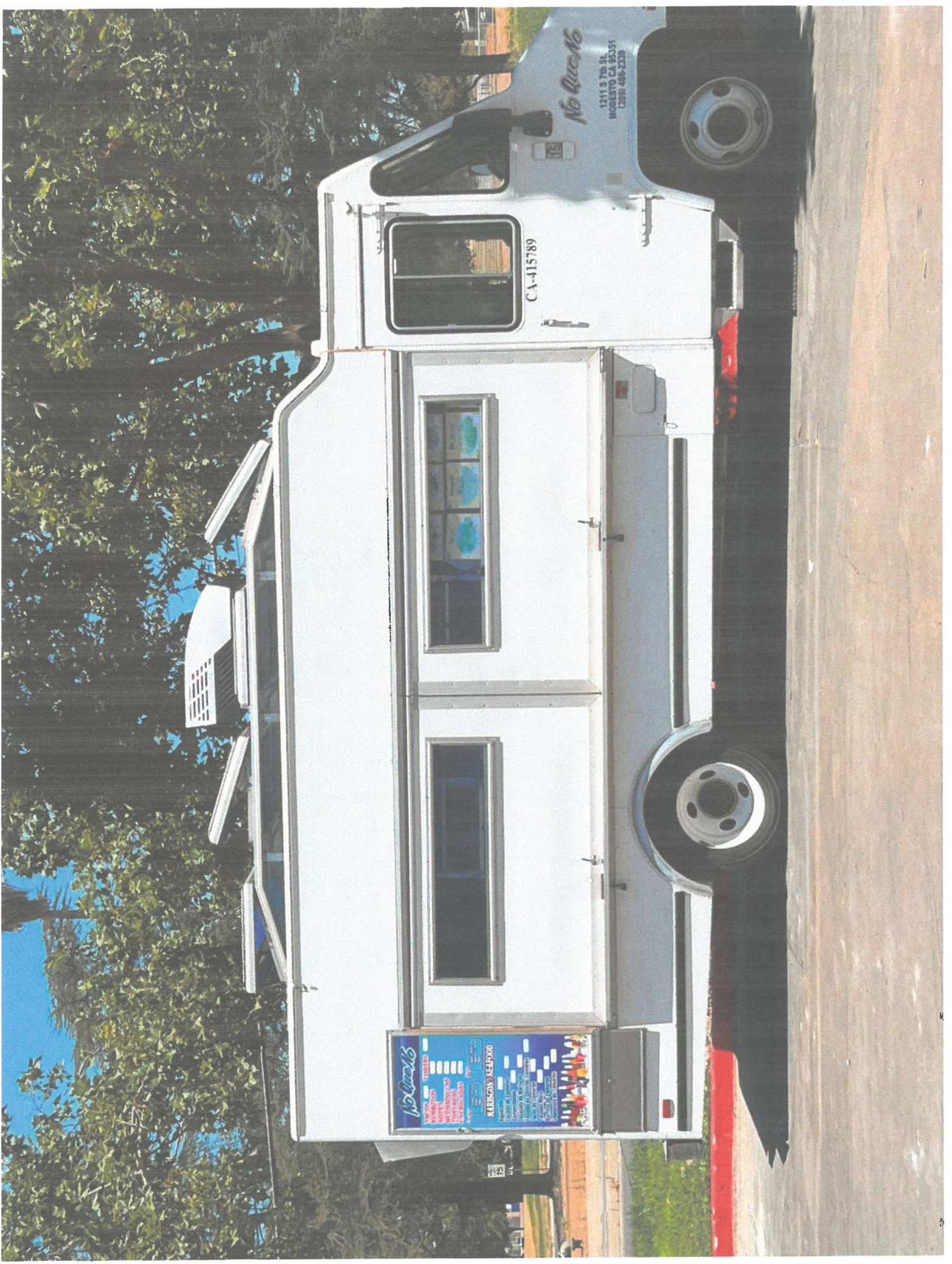
BUSINESS SUPPORT CENTER
8839 N CEDAR AVE #212
FRESNO, CA 93720-1832



City of Manteca
BUSINESS LICENSE

NO QUE NO
1672 VIVIAN RD
MODESTO, CA 95358-6222

License Number: 10808504
Date of Issue: 01/24/2024



No Quiz 16

1211 S 7th St
Modesto CA 95351
(209) 486-2339

CA-415789

No Quiz 16	
ITEMS	
MILKSHAKES	
SANDWICHES	
BURRITOS	
PASTAS	
PIZZAS	
DESSERTS	
BEVERAGES	
SPECIALS	
KID'S MENU	
VEGETARIAN	
ALLERGENS 844-6000	
CONTACT US	

TACOS **TORTAS**
BURRITOS
SOPE
QUESADILLAS
TOSTADAS
ENCHILADAS

Carnes

- Asada • Pastor
- Pollo • Gabeza
- Tripas

Meat

- Beef • Pork
- Chicken • Head
- Tripe

MARISCOS / SEAFOOD

Aguachile
Cocktel de Camaron
Campechanas
Ensalada de Mariscos
Tostada de Ceviche/Camaron
Tacos de Camaron
Tostada Mixta
Burritos de Camaron
Empanada de Camaron





CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/07/2024

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.

PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C. No. Ext): 844-357-0403		FAX (A/C. No.):
	E-MAIL ADDRESS: contact@hiscox.com PRODUCER CUSTOMER ID:		
INSURED Nora Beatriz Perez 1672 vivian rd Modesto, CA 95358	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hiscox Insurance Company Inc.		10200
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		


COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 1672 vivian rd, Modesto, CA 95358

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/>	PROPERTY	P102.957.797.1	02/07/2024	02/07/2025	BUILDING	\$		
		CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/>	PERSONAL PROPERTY	\$ 25,000
						BUILDING	<input checked="" type="checkbox"/>	BUSINESS INCOME	\$
		BROAD				CONTENTS	<input checked="" type="checkbox"/>	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				\$ 1,000		RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
									\$
									\$
	INLAND MARINE	TYPE OF POLICY				\$			
	CAUSES OF LOSS					\$			
	NAMED PERILS	POLICY NUMBER				\$			
						\$			
	CRIME					\$			
	TYPE OF POLICY					\$			
						\$			
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$			
						\$			
						\$			

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER 	CANCELLATION 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 



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
01/18/2024

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER State Farm VALENTE QUINTERO, AGENT 11405 FIRESTONE BLVD SUITE G NORWALK, CA 90650	CONTACT NAME: VALENTE QUINTERO PHONE (A/C, No, Ext): 562-474-1818 E-MAIL ADDRESS: VALENTE@VALQUINTERO.COM PRODUCER CUSTOMER ID #: 75-7127	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED JAIME D MALDONADO GRANADOS	INSURER A: State Farm Mutual Automobile Insurance Company	NAIC # 25178
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

DESCRIPTION OF VEHICLE OR EQUIPMENT					
YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	
1998	GMC	P32	CONCESSION/VENDIN	1GDJP32R2W3500550	
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER	
MOBILE FOOD TRUCK			\$150,000		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).		

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<input checked="" type="checkbox"/> VEHICLE LIABILITY	674-2284	07/06/2023	07/06/2024	COMBINED SINGLE LIMIT	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE	\$
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
A		<input checked="" type="checkbox"/> VEH COLLISION LOSS	674-2284	07/06/2023	07/06/2024	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
A		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	674-2284	07/06/2023	07/06/2024	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input type="checkbox"/> EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE
NAME AND ADDRESS OF ADDITIONAL INTEREST The City of Manteca, It's Officers, Officials, employees, agents, and volunteers	LOAN / LEASE NUMBER
	AUTHORIZED REPRESENTATIVE

© 1997-2015 ACORD CORPORATION. All rights reserved.



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois, 60603
(914) 273-7400

Businessowners Insurance for Food truck/trailer operator

DECLARATIONS – Effective 02/27/2024 (updates denoted by *) v4

Standard Package

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.

Policy no.: P102.957.797.1

1. **Named insured:** Nora Beatriz Perez
Address: 1672 vivian rd
Modesto, CA 95358

Email address: foodtrucknoqueno@gmail.com

2. **Policy period:** **Inception Date: 02/07/2024** **Expiration Date: 02/07/2025**
Inception date shown shall be at 12:01 A.M. (Standard Time) to Expiration date shown above at 12:01 A.M. (Standard Time) at the address of the Named Insured.

3. **General terms and conditions wording:** BOP P0001A CW
The General terms and conditions apply to this policy in conjunction with the specific wording detailed in each section below.

4. **Policy limits:**
Business Personal Property \$25,000 each occurrence
BOP General Liability \$2,000,000 aggregate

5. **Endorsements:** See Schedule

6. **Notification of claims to:**
Web : <https://www.hiscox.com/manage-your-policy/claims-center>
Phone: 1-866-424-8508
Email: reportclaim@hiscox.com
Mail: Attn: Direct
Claims Hiscox
5 Concourse Parkway, Suite 2150
Atlanta GA, 30328

Please inform us immediately if you have a claim or loss to report .

7. **Policy premium:** \$500.00



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois, 60603
(914) 273-7400

Businessowners Insurance for Food truck/trailer operator

DECLARATIONS – Effective 02/27/2024 (updates denoted by *) v4

Standard Package

Business Personal Property Coverage Part: BOP-BPP P0001A CW (06/20)

Business personal property coverage		Limit of Insurance
1: Any location where you perform your business activities		
Business Personal Property Limit:		\$25,000 Each occurrence Deductible: \$1,000
Theft of furs, fur garments, and garments trimmed with fur:		\$2,500 Each occurrence (Shared)
Theft of jewelry, watches, and similar:		\$2,500 Each occurrence (Shared)
Theft of patterns, dies, molds, and forms:		\$2,500 Each occurrence (Shared)
Additional Coverages		Limit of Insurance
Business income:		Actual Loss up to 6 months Period of restoration: 6 months Waiting period: 72 hours
Business income from dependent properties:		\$5,000 Each occurrence Period of restoration: 6 months Waiting period: 72 hours
Civil authority:		Actual Loss up to 30 days Waiting period: 72 hours
Extended business income:		Actual Loss up to 30 days
Interruption of computer operations:		\$10,000 Aggregate Period of restoration: 6 months Waiting period: 72 hours
Electronic data:		\$10,000 Aggregate (Shared)
Extra expense:		Actual Loss up to 6 months Period of restoration: 6 months Waiting period: 72 hours



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois, 60603
(914) 273-7400

Businessowners Insurance for Food truck/trailer operator

DECLARATIONS – Effective 02/27/2024 (updates denoted by *) v4

Standard Package

BOP General Liability Coverage Part: BOP-GL P0001A CW (11/19)

Liability coverage	Limit of Insurance	
BOP General Liability Limit:	\$1,000,000 Each occurrence / \$2,000,000 Aggregate Deductible: \$0	
Products and completed operations:	\$2,000,000 Each occurrence (Shared)	
Personal and advertising injury:	\$1,000,000 Each claim (Shared)	
Damage to premises rented to you:	\$0 Any one premises (Shared)	
Medical payments:	\$10,000 Each person	
<i>All limits designated as "shared" are a part of, and not in addition to, the BOP General Liability Limit.</i>		



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois, 60603
(914) 273-7400

Businessowners Insurance for Food truck/trailer operator

DECLARATIONS – Effective 02/27/2024 (updates denoted by *) v4

Standard Package

Utility Services – time element & direct damage	Utility services interruption limit (Direct damage): \$10,000 each occurrence (Shared) Utility services interruption limit (Time element): \$10,000 each occurrence Waiting Period: 24 hours	
<p><i>All coverages designated as "shared" are a part of, and not in addition to, the applicable Policy Limit stated in Item 4 above.</i></p> <p><i>Coverage under the above Optional Coverages is afforded by endorsement to the policy. Purchased Optional Coverages may be subject to unique terms and conditions. Please review all endorsements thoroughly.</i></p>		



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois, 60603
(914) 273-7400

Businessowners Insurance for Food truck/trailer operator

DECLARATIONS – Effective 02/27/2024 (updates denoted by *) v4

Standard Package

Schedule of Endorsements

NUMBER

TITLE

GENERAL (APPLICABLE TO MORE THAN ONE COVERAGE PART)

BOP D0001A CW (11/19)

Businessowners Declarations



Manteca, CA

252 Magnolia Ave
Manteca, CA 95337

209-456-8600
recreation@manteca.gov

<https://www.manteca.gov/departments/recreation-com>

Registration/Payment Receipt 66916980

03/20/2024 05:22 PM

Account Information

No Que No
Nora Perez
1672 Vivian Rd
Modesto, CA 95358

Payment

Credit/Debit
Ending in 1253
Merchant Code
5b41a066-fb12-4315-9661-
58d4aa6b107a

\$250.00

Received By

Meghan Kuesthardt at Recreation
Office

Item	Quantity	Amount Paid
No Que No for Food Truck Vendor Fees Vendor Fee Library Park	5.00	\$50.00
Food Truck Annual Fee	1.00	\$200.00
Subtotal		\$250.00
Total Payment		\$250.00

Prompt(s)

Roster Note (No Que No)