



# CITY OF BELLEFONTAINE MOBILE FOOD VENDOR APPLICATION

## SECTION I – GENERAL

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT SSN: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS TAX ID: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

START DATE: \_\_\_\_\_

DURATION: \_\_\_\_\_

## SECTION II - DETAILED DESCRIPTION

DESCRIPTION OF NATURE, CHARACTER, AND QUALITY OF FOOD TO BE SOLD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

LICENSE PLATE NO: \_\_\_\_\_

VEHICLE ID NO. (VIN) \_\_\_\_\_

REGISTERED OWNER  
NAME & ADDRESS: \_\_\_\_\_

DESCRIPTION OF LOCATION(S) OF VENDING STAND: \_\_\_\_\_

\_\_\_\_\_  
**\*PLEASE ATTACH WRITTEN CONSENT OF PROPERTY OWNER**

SIZE OF VENDING STAND: \_\_\_\_\_

LIST POLITICAL SUBDIVISIONS WITHIN WHICH YOU HAVE ENGAGED IN BUSINESS IN THE LAST SIX (6) MONTHS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TWO (2) REFERENCES AS TO GOOD CHARACTER & REPUTATION:

NAME	ADDRESS	PHONE	E-MAIL
1.	_____	_____	_____
2.	_____	_____	_____

### SECTION III – EMPLOYEES

PLEASE COMPLETE THE ATTACHED EMPLOYEE IDENTIFICATION FORM FOR EACH EMPLOYEE WORKING IN VENDING BUSINESS AND INCLUDE A 2" X 2" PHOTOGRAPH TAKEN WITHIN THE LAST 60 DAYS DEPICTING THE HEAD AND SHOULDERS OF EACH EMPLOYEE. FOR EACH EMPLOYEE THAT WILL BE OPERATING THE VEHICLE(S) USED IN VENDING, A PHOTOCOPY OF A VALID OHIO OPERATORS LICENSE.

### SECTION IV – REQUIRED ATTACHMENTS

- COPY OF VALID FOOD HANDLER'S PERMIT OR FOOD SERVICE PERMIT
- \$250.00 APPLICATION FEE
- EVIDENCE OF \$500,000.00 POLICY WITH CITY OF BELLEFONTAINE NAMED AS ADDITIONAL INSURED AS REQUIRED BY SECTION 719.05
- EMPLOYEE IDENTIFICATION FORM FOR EACH EMPLOYEE WORKING IN VENDING BUSINESS
- WRITTEN CONSENT OF PROPERTY OWNER(S) WHERE VENDING WILL OCCUR

**SECTION IV – EMPLOYEE IDENTIFICATION FORMS**

**(COMPLETE A SEPARATE FORM FOR EACH EMPLOYEE, INCLUDING APPLICANT)**

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EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ADDRESS: \_\_\_\_\_

EMPLOYEE SSN: \_\_\_\_\_

EMPLOYEE DATE OF BIRTH: \_\_\_\_\_

- COPY OF DRIVERS LICENSE OR OTHER PROOF OF IDENTITY ENCLOSED (MUST BE VALID OHIO OPERATORS LICENSE IF THE INDIVIDUAL NAMED WILL BE OPERATING VEHICLE(S))

AFFIX 2" X 2" PHOTO OF EMPLOYEE TAKEN WITH 60 DAYS OF APPLICATION DATE SHOWING HEAD AND SHOULDERS OF EMPLOYEE IN CLEAR & DISTINGUISHING MANNER

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EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ADDRESS: \_\_\_\_\_

EMPLOYEE SSN: \_\_\_\_\_

EMPLOYEE DATE OF BIRTH: \_\_\_\_\_

- COPY OF DRIVERS LICENSE OR OTHER PROOF OF IDENTITY ENCLOSED (MUST BE VALID OHIO OPERATORS LICENSE IF THE INDIVIDUAL NAMED WILL BE OPERATING VEHICLE(S))

AFFIX 2" X 2" PHOTO OF EMPLOYEE TAKEN WITH 60 DAYS OF APPLICATION DATE SHOWING HEAD AND SHOULDERS OF EMPLOYEE IN CLEAR & DISTINGUISHING MANNER

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EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ADDRESS: \_\_\_\_\_

EMPLOYEE SSN: \_\_\_\_\_

EMPLOYEE DATE OF BIRTH: \_\_\_\_\_

- COPY OF DRIVERS LICENSE OR OTHER PROOF OF IDENTITY ENCLOSED (MUST BE VALID OHIO OPERATORS LICENSE IF THE INDIVIDUAL NAMED WILL BE OPERATING VEHICLE(S))

AFFIX 2" X 2" PHOTO OF EMPLOYEE TAKEN WITH 60 DAYS OF APPLICATION DATE SHOWING HEAD AND SHOULDERS OF EMPLOYEE IN CLEAR & DISTINGUISHING MANNER

**SECTION IV – CITY USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

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APPLICATION COMPLETED IN ENTIRETY?      YES       NO

REFERENCE CHECK COMPLETED?      YES       NO

COPY OF FOOD HANDLER/SERVICE PERMIT ATTACHED, AND VALID?      YES       NO

APPLICATION FEE ATTACHED?      YES       NO

INSURANCE POLICY ATTACHED?      YES       NO

EMPLOYEE IDENTIFICATION FORMS ATTACHED?      YES       NO

PROPERTY OWNER CONSENT ATTACHED?      YES       NO

PROPOSED LOCATION APPROPRIATE?      YES       NO

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MOBILE FOOD VENDOR PERMIT      APPROVED       DENIED

ADDITIONAL COMMENTS/RESTRICTIONS OR REASON FOR DENIAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

DATE PERMIT ISSUED: \_\_\_\_\_

PERMIT ISSUED BY: \_\_\_\_\_

LOGAN COUNTY HEALTH DEPARTMENT NOTIFIED      DATE: \_\_\_\_\_ TIME: \_\_\_\_\_