



CITY OF BELLEFONTAINE SPECIAL EVENT MOBILE FOOD VENDOR APPLICATION

SECTION I – GENERAL

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____

APPLICANT ADDRESS: _____

HOME PHONE: _____

E-MAIL ADDRESS: _____

BUSINESS NAME: _____

MAILING
ADDRESS: _____

BUSINESS PHONE: _____

TYPE OF BUSINESS: _____

EVENT NAME: _____

DATE(S): _____

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: _____

SECTION III – REQUIRED ATTACHMENTS

- COPY OF VALID FOOD HANDLER'S PERMIT OR FOOD SERVICE PERMIT
- \$25.00 APPLICATION FEE

SECTION IV – CITY USE ONLY

DATE APPLICATION RECEIVED: _____

RECEIVED BY: _____

REVIEWED BY: _____

APPLICATION COMPLETED IN ENTIRETY? YES NO

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

APPLICATION FEE ATTACHED? YES NO

PROPOSED LOCATION APPROPRIATE? YES NO

MOBILE FOOD VENDOR PERMIT APPROVED DENIED

EVENT/DATES APPROVED: _____

ADDITIONAL COMMENTS/RESTRICTIONS OR REASON FOR DENIAL: _____

DATE

SIGNATURE

DATE PERMIT ISSUED: _____

PERMIT ISSUED BY: _____

LOGAN COUNTY HEALTH DEPARTMENT NOTIFIED DATE: _____ TIME: _____