

CITY OF CHILLICOTHE, OHIO
APPLICATION FOR MOBILE FOOD SERVICE VEHICLE LICENSE

Name of Applicant (Owner of Vehicle): _____

Name of Food Truck: _____

Applicant's State Vendor #: _____ Federal ID #: _____

City of Chillicothe Income Tax #: _____

Owner's Valid Vehicle Operator's License # or State ID #: _____

Length of time license is desired: _____

Method of travel used: _____

Vehicle License #: _____ / _____ (state)

Applicant's Social Security #: _____ DOB: _____

Applicant's Address: _____

Telephone #: _____ Email: _____

Applicant's Physical Description: Sex: _____ Age: _____ Ht: _____ Wt: _____

Hair Color: _____ Eye Color: _____ Facial Hair _____

Ever been convicted of crime, misdemeanor, or violation of municipal ordinance? Yes? ____ No? ____

If yes, list nature of offense, date of conviction, where, and penalty assessed: _____

PLEASE PROVIDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION:

- Three color photographs of the exterior (front, side and back) and interior of food service portion of the vehicle in the final condition and with all markings under which it will operate
- A copy of the vehicle license and registration form reflecting the vehicle identification number (VIN) of the Mobile Food Service Vehicle and a photocopy of the vehicle title
- A copy of the state or county Health Department license or permit applicable to mobile food providers
- Driver's License or State I.D.
- A copy of the Fire Marshal's inspection report
- A copy of the Operator's Ohio business license
- A copy of insurance coverage in the amount of \$250,000.00

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_____ (owner) being duly sworn according to law,
deposes and says that the facts are set forth in the foregoing answers are true as (they) (he) (she) verily
believes.

Applicant's Signature

Sworn to before me by the said _____ (owner) and by
(them) (him) (her) subscribed in my presence, this _____ day of _____,
20_____.

Notary Public

To Be Completed by Office Administration:

Reviewed by Chief of Police:

_____ Approved _____ Disapproved _____
Signature and Date

Reviewed by Mayor:

_____ Approved _____ Disapproved _____
Signature and Date

Fee: _____ License #: _____ Date: _____