



Randy Evans, Mayor
David Swackhammer, Service Director

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License/Permit # _____

(To be assigned by the City of Jackson)

VENDOR LICENSE/PERMIT APPLICATION

MOBILE FOOD SERVICE PERMIT _____ ICE CREAM TRUCK OPERATION LICENSE _____ TRANSIENT MERCHANT LICENSE _____
CODIFIED ORDINANCE CHAPTER 737 CODIFIED ORDINANCE CHAPTER 735 CODIFIED ORDINANCE CHAPTER 731

Vendor/Business Name _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ Cell () _____ Email _____

Operational Requirements: (check all boxes that apply)

- ☐ FORM 48 – RITA Business Registration Form
- ☐ Ohio Vendor's License # _____
- ☐ Jackson Fire Department Inspection Log # _____ (contact 740/286-2707 to schedule inspection)
- ☐ Liability Insurance Coverage (min.\$300,000) ☐ Agreement, Waiver, Release & Indemnification
- ☐ Valid Ohio Driver's License ☐ Valid Vehicle Registration ☐ Vehicle Insurance Coverage

Mobile Food Service Requirements. \$25 Annual Permit Fee *NOTES:

- ☐ I have read, understand, and will comply: (attach all items listed)
- ___ Valid Health Department Inspection
 - ___ Private Property Owner's written permission (to be submitted for each location of operation before the date of operation)
 - ___ City Owned Property requires written permission, signed waiver, and utility hook-up fee, when applicable
 - ___ Complete the Ohio Department of Commerce Mobile Food Unit Checklist (attached) and contact Fire Dept. @ 740.286.2707
 - ___ CITY UTILITY HOOK-UP FEE \$10 PER EVENT (1 - 3 DAYS)
 - ___ CITY UTILITY HOOK-UP FEE \$20 PER EVENT (4 - 7 DAYS)

Transient Merchant Requirements. \$25 Annual License Fee *NOTES:

- ☐ I have read, understand, and will comply: (attach all items listed)
- ___ Private Property Owner's written permission (to be submitted for each location of operation before the date of operation)
 - ___ City Owned Property requires written permission, signed waiver, and utility hook-up fee, when applicable
 - ___ CITY UTILITY HOOK-UP FEE \$10 PER EVENT (1 - 3 DAYS)
 - ___ CITY UTILITY HOOK-UP FEE \$20 PER EVENT (4 - 7 DAYS)

Ice Cream Truck Operators Requirements. No Annual Fee *NOTES:

- ☐ I have read, understand, and will comply: (attach all items listed)
- ___ Valid Health Department Inspection.
 - ___ Valid Vehicle Inspection conducted by the Ohio State Highway Patrol (MVI sticker # _____)
 - ___ Criminal Background check conducted by the Jackson County Sheriff's Department, or other approved agency by the City.
 - ___ List of any person(s) operating or working the ice cream truck – List must be kept current at all times and filed with the City of Jackson. Included with the list - a copy of their valid state ID and criminal background check

☐ CASH _____ CREDIT CARD _____ CHECK _____ Check # _____ TOTAL PAID = _____

Print Applicant Name: _____ Title: _____ Phone: () _____

Applicant Signature: _____ Date: _____

Approved: _____ Rejected: _____ Pending: _____

Approving Authority: _____ Date: _____