

PERMIT #

APPLICATION DATE:

MOBILE FOOD VENDOR PERMIT APPLICATION

APPLICANT INFORMATION

Name:	
Phone Number:	Mobile Number:
Home Address:	

NAME OF AGENT: (Complete if the individual on-site in West Liberty will be different than applicant)

Name of Agent(s):
Phone Number(s):

COMPANY INFORMATION

Company Name Applicant is Employed by:
Company Address:
Company Phone Number:
Type of Business:
List of Products or Goods to be Sold:
Sale Location:
Parked on Street Selling from Vehicle?
Other(Specify Address or Description:

MOTOR VEHICLE USED TO TRANSPORT & SELL GOODS

Make of Vehicle:
Vehicle Identification Number:
License Number & State:

APPLICANT QUESTIONNAIRE

Does the Applicant have a fixed business in West Liberty?	Yes _____ No _____
Is the product to be sold one that was raised or manufactured by the applicant or his/her agent?	Yes _____ No _____
Is the product being sold by sample only?	Yes _____ No _____
Does your State of Ohio Mobile Food Vendors License specify your plan for power and water?	Yes _____ No _____