



**MOBILE FOOD UNIT PERMIT APPLICATION: CHAPTER #730**

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FEES:**

\$10 (Day) x \_\_\_\_ Days = \$ \_\_\_\_

\$50 (Month) \$ \_\_\_\_

\$200 (Year) \$ \_\_\_\_

Total Fee Amount: \$ \_\_\_\_ Paid: Check #: \_\_\_\_ Cash: \$ \_\_\_\_

**(PLEASE PRINT)**

1. Owner Name: \_\_\_\_\_

2. Owner Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Owner Permanent Address:

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

4. E-mail Address: \_\_\_\_\_

5. Business Name: \_\_\_\_\_

6. Business Address (if different from owner)

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

7. Business Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

8. Proposed Operating Location: \_\_\_\_\_

**\*\* Applicant needs to provide City of Johnstown with copies of:**

1.  Physical description/photo of unit.
2.  Letter of authority from the location's property owner.
3.  Proof of Liability and Property Damage Insurance > than \$1,000,000.
4.  Current and valid state vehicle registration information for the unit.
5.  Proof of a current and valid license issue by a department of health pursuant to the Ohio Revised Code to conduct retail food operations.
6.  Copy of valid Ohio Driver's License for owner/operator.

- Upon issuance of permit, applicant agrees to provide the City Manager or Designee with written documentation of any change in the information provided within fifteen (15) calendar days of any such change or prior to the applicant's next operation of the unit within the city.
- Upon issuance of a food unit permit by the City Manager or Designee, the applicant becomes solely responsible for submission of current certificates which extend or renew permits, licenses or insurance of coverage required as a condition of issuance of the food unit permit. Failure by the applicant to maintain such information current and correct shall be caused to revoke the food unit permit.

*\*\* The undersigned applies for a Food Unit Permit for the following use: said permit to be issued on the basis of the information contained with this application. The applicant hereby certifies that all the information and attachments to this application are True and Correct and agrees to follow all applicable laws.*

Applicant's Signature: \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ or Denied: \_\_\_\_\_

Approved for:

Location \_\_\_\_\_

Date(s): \_\_\_\_\_

Location \_\_\_\_\_

Date(s): \_\_\_\_\_

Location \_\_\_\_\_

Date(s): \_\_\_\_\_

Approval Signature: x \_\_\_\_\_