



DATE APPROVED _____
 PERMIT # _____
 Date Fee Paid _____
 Cash _____ Check # _____
 DATE DENIED _____

APPLICATION FOR ICE CREAM VENDORS PERMIT

First Name _____ Middle Name _____ Last Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Telephone (_____) _____ Cell (_____) _____

EMPLOYER

Company Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Telephone (_____) _____ E-Mail _____
 Contact Person _____

MOTOR VEHICLE INFORMATION

Name of Operator _____ Driver's License # _____
 Make _____ Model _____ Color _____
 Year _____ License Plate # _____ State of Registration _____

CRIMINAL HISTORY

Have you ever been convicted of a felony or any of the following crimes or any other crime that includes one of the listed crimes as an element: theft, fraud, burglary, violence, or offenses of a sexually oriented nature? Yes _____ No _____

If yes, indicate nature and penalty _____
 Court _____

Do you have any outstanding warrants for your arrest? Yes _____ No _____
 If yes, for what? _____

Are you currently under indictment? Yes _____ No _____
 If yes, for what? _____

Have you had any serious traffic offenses? Yes _____ No _____

Background check – All vendors must consent to a background check. Any person who through the mobile ice cream vendor permitting process is discovered to have been convicted of, or who has pled guilty to any criminal offense of the Ohio Revised Code, United States Code, or any other substantially similar state or local provisions that constitutes any theft or fraud offense, any offense of burglary, any offense of violence or any offenses of any sex crime law or statute shall be denied a mobile ice cream vending license. Applicants who have been convicted of or pled guilty or no contest to any serious traffic offense within five years of the application date shall similarly be denied a mobile ice cream vending license.

ATTACH A COPY OF YOUR DRIVER'S LICENSE OR PHOTO I.D. TO THIS APPLICATION

CRIMINAL HISTORY VERIFICATION ACKNOWLEDGEMENT

The undersigned hereby acknowledges that he/she is required by law to provide truthful responses to the City of Stow's request for the undersigned's criminal history. The undersigned further acknowledges that the City of Stow will perform a criminal history background search of the undersigned. Any information discovered in the criminal history background check may be used to bar the undersigned from selling and product within the corporate boundaries of the City of Stow, according to applicable laws, rules, and regulations. Finally, knowingly providing false information on the application may subject the undersigned to criminal penalties and will automatically void application.

Printed Full Name

Signature

Date

Social Security Number

Birthdate

Driver's License Number or I.D. Number

Driver's License State of Issuance or I.D. Issuance

ICE CREAM VENDOR REQUIREMENTS

1. Application must be filled out.

Each of the following must accompany your completed application:

2. \$250.00 fee must be paid, cash or check only.
3. Copy of Mobile Food License. (obtained through Summit County)
4. Copy of your ice cream vehicle insurance policy.
5. Copy of driver's license.