



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.

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Printed Full Name

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Signature

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Date

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Social Security Number

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Birthdate

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Driver's License Number or I.D. Number

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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.