

# ICE CREAM VENDORS: LICENSE APPLICATION

CODIFIED ORDINANCE NO. 717



**PLEASE PRINT**

**Permit No.** \_\_\_\_\_

Applicant's Name		Soc. Sec. #		Date of Application	
Date of Birth	OL #	Race	Sex	Height	Weight
Applicant's Current Address			City, State, Zip		
# Years @ Present Address	Phone #		Alternate Phone #		
If less than 3 years, give Previous Address					
Business Name/Employer			Business Phone #		
Business Address			City, State, Zip		
# Years/Months Employed?	If less than 3 Years, list previous employment:				
Date of Latest Previous Application with the City		List 3 Most Recent Communities Where You Have Been Approved for a Permit:			
Is your business listed with the Better Business Bureau?					
<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, what City & State?					
Have you ever had a solicitor's certification or license revoked? If so, explain.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you or any of your listed associates ever been convicted of a misdemeanor or felony?					
<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, list person(s) convicted, charge and date					
<b>IMPORTANT!</b>					
You are required to submit the following information for each worker under this permit. Use additional paper if necessary.					
Name	Date of Birth	Soc. Sec. #	Race	Height	Weight
Current Street Address			City, State, Zip		
Vehicle Year, Make & Model			Vehicle License Plate No. & State		

...Continued on reverse side

Name	Date of Birth	Soc. Sec. #	Race	Height	Weight
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Current Street Address	City, State, Zip
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Vehicle Year, Make & Model	Vehicle License Plate No. & State
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Name	Date of Birth	Soc. Sec. #	Race	Height	Weight
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Current Street Address	City, State, Zip
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Vehicle Year, Make & Model	Vehicle License Plate No. & State
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Name	Date of Birth	Soc. Sec. #	Race	Height	Weight
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Current Street Address	City, State, Zip
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Vehicle Year, Make & Model	Vehicle License Plate No. & State
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The following information and documents **must** accompany this application when submitted for approval:

	<u>Attached?</u>
• Birth Certificates for Operator(s)	<input type="checkbox"/>
• Doctor's Certificate of Health for Operator(s)	<input type="checkbox"/>
• Recent Photograph of Operator(s)	<input type="checkbox"/>
• Health Department Certificate of Vehicle(s)	<input type="checkbox"/>

**Adult applicants shall agree and submit to fingerprinting by the Miami Valley Crime Lab in connection with this application, and shall provide a recent photo.**

By signing below, I certify that the above information and the contents therein are true to the best of my knowledge. I agree to abide by all the terms and conditions of the Ordinances of the City of Trotwood including, but not limited to, Chapter 717 of the City Ordinances. I understand the time limitation for solicitation is 11:00 a.m. to 7:00 p.m. **ONLY**. The fee for an ice cream vendor's license is \$40.00, plus \$5.00 for each additional operator, payable upon approval. Applicant must apply for a criminal record check by fingerprints at the Miami Valley Crime Lab, 361 W. Third Street, Dayton, OH 45402.

Applicant's Signature	Date
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**FOR CITY OF TROTWOOD USE ONLY**

\$5.00 Per Operator x \_\_\_\_\_ = \$ \_\_\_\_\_ Subtotal + \$40.00 Fee = \$ \_\_\_\_\_ Total Paid

Paid by:  Check, Check No. \_\_\_\_\_  Cash

Fingerprinting       Photo

Approved By: Quincy E. Pope, Sr., Public Safety Director/Deputy City Manager	Date
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