

ICE CREAM VENDORS: LICENSE APPLICATION

CODIFIED ORDINANCE NO. 717



TROTWOOD
GROWING TOGETHER



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					
IMPORTANT!					
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
Current Street Address		City, State, Zip			
Vehicle Year, Make & Model		Vehicle License Plate No. & State			
Name	Date of Birth	Soc. Sec. #	Race	Height	Weight
Current Street Address		City, State, Zip			
Vehicle Year, Make & Model		Vehicle License Plate No. & State			
Name	Date of Birth	Soc. Sec. #	Race	Height	Weight
Current Street Address		City, State, Zip			
Vehicle Year, Make & Model		Vehicle License Plate No. & State			

The following information and documents **must** accompany this application when submitted for approval:

	Attached?
• 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: Erik L. Wilson, Police Chief	Date
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