



**BUSINESS OPERATION INFORMATION**.....

Contact Name / Phone Number for Ice Cream Truck unit while in route: \_\_\_\_\_  
\_\_\_\_\_

Proposed itinerary with route, vending locations and times: \_\_\_\_\_  
\_\_\_\_\_

Description of Products to be Sold: \_\_\_\_\_  
\_\_\_\_\_

**VEHICLE INFORMATION:**.....

**Include a copy of the Insurance Card for Each Vehicle**

Vehicle #1: _____	VIN #	TAG#	State Insp. Sticker #
	Insurance Carrier	Policy Number	Expiration Date

Vehicle #1: _____	VIN #	TAG#	State Insp. Sticker #
	Insurance Carrier	Policy Number	Expiration Date

**\*\*\* Add Pages if Necessary for Additional Vehicles \*\*\***

**STATE HEALTH DEPARTMENT CERTIFICATIONS:**.....

Date Vehicle Certified by Health Department: \_\_\_\_\_

Date Food Storage Area Certified by Health Department: \_\_\_\_\_

**\*\*\* Include a copy of all Health Department Certificates \*\*\***

**Ice Cream Mobile Vendors are subject to the requirements referenced in Ordinance 2014-08 [attached].**

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Copy of Ordinance 2014-08 Received: \_\_\_\_\_ (initials)