

**City of Ocean Springs**  
 Planning Department  
 P.O. Box 1800  
 Ocean Springs, MS. 39566  
 Phone 228-875-4415 Fax 228-872-5427

**Office Use**  
 Date Received \_\_\_\_\_  
 Received by \_\_\_\_\_  
 App Fee Paid \$\_\_\_\_\_ Chk or CC ?  
 Chk # \_\_\_\_\_

**ICE CREAM MOBILE VENDOR ANNUAL PERMIT RENEWAL**

**Submittal Requirements:**

- *Completed Application*
- *Fee:*
  - *Business address within city limits – \$25*
  - *Business address outside city limits - \$250 (transient vendor fee).*
  - *Fees do not include any applicable Privilege License fees.*
- *Fee must be paid at the time application is submitted.*

Date: \_\_\_\_\_

Name of Property Owner/Applicant \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Sales Tax Number (**attach copy of sales tax permit**): \_\_\_\_\_

**PERSONNEL INFORMATION** .....

Background Check Information (add page if necessary):

Owner: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                     Name  Phone Number  DL Number  
*If applicable, list any criminal convictions in any state including possession within the past 10 years:* \_\_\_\_\_

Employee: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                     Name  Phone Number  DL Number  
*If applicable, list any criminal convictions in any state including possession within the past 10 years:* \_\_\_\_\_

**\*\*\* Attach DL copy and a Health Certificate for Each Employee \*\*\***

**Ice Cream Mobile Vendors are subject to a Criminal Background Check. I understand that my Driver License information will be used for this purpose:** \_\_\_\_\_ *(initials)*

**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)*

**Office Use Only**

Date of Vehicle Inspection: \_\_\_\_\_ Result of Vehicle Inspection: \_\_\_\_\_

State Health Dept. Certification Received: \_\_\_\_\_ *(attached)*

Background Check(s): \_\_\_\_\_ Permit Renewal Date: \_\_\_\_\_