

PERMIT # _____

**Permit to Operate as a
City of Aurora
Mobile Frozen Dessert Vendor**

INSTRUCTIONS: Please print legibly. Please complete all of the questions on this application. Your application will not be considered if any information is omitted. Two (2) color photographs of the applicant must accompany this application. Photographs must be taken no more than ninety (90) days prior to the date of this application, be at least three inches by five inches (3"x5"), and show the head and shoulders of the applicant clearly. Proof of insurance (Copy of Declaration Page) showing minimum of \$300,000 coverage for Bodily Injury and Property Damage must accompany this application.

Date: _____ New Permit: _____ Renewal: _____

Vendor Information

Name: _____ Social Security No. _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____ Height: _____ Weight: _____
Telephone No. _____ Eyes: _____ Hair Color: _____
Driver License No. _____ State: _____

Company Name: _____ Telephone No. _____
Company Address: _____
City: _____ State: _____ Zip Code: _____

Vendor Vehicle Information

Year: _____ Make: _____ Model: _____ Color: _____
License Plate: _____ State: _____ Expiration Date: _____
Owner's Name: _____ Telephone: _____
Owner's Address: _____
Insurance Company Name: _____
Insurance Provider's Address: _____

REFERENCES: List two (2) individuals who will certify the applicant's character and business respectability.

Name: _____ Telephone: _____
Address: _____

Name: _____ Telephone: _____
Address: _____

Have you ever been convicted of or pled guilty to any crime other than minor traffic violations?
Yes _____ No _____ (If yes, provide information on the offense, conviction date and sentence)

I certify that the information in this application is true to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information is grounds for the denial or revocation of the permit for which I have applied. I also certify that I am familiar with the Ordinances of the City of Aurora and the laws of the State of Ohio governing my conduct and solemnly swear to abide by the Ordinances and laws of the same.

Signature of Applicant

Sworn before me, a Notary Public, on this _____ day of _____, 20_____.

(Seal)

Notary Public

Approved for permit issuance by _____ Date: _____
Signature of Approving Authority

THIS PERMIT EXPIRES DECEMBER 31 OF YEAR ISSUED

CITY USE ONLY

Proof of Insurance Shown Yes _____ No _____

Application Fee - \$100.00 _____
Received By _____ Date _____

Background Check _____
Conducted By _____ Date _____