



CITY OF BOWLING GREEN OHIO

Mobile Food Vendor Permit Renewal Application

Compliance with Chapter 113 of the Bowling Green Codified Ordinances

The following guidelines for completion of the **Mobile Food Vendor Renewal Application** will help ensure that all of the necessary documents required by the City of Bowling Green are included. This renewal application is for a single vendor and expires on December 31st of the year the permit is approved. A vendor with multiple vehicles will require multiple permits.

Prior to submitting an application, the Fire Inspection must be completed and applicant must visit the Income Tax Division to verify information is on file. Turn the completed application and all supporting documents into the Office of the Municipal Administrator located on the 3rd Floor of the City Administrative Services Building, 304 N. Church Street, Bowling Green, Ohio 43402. Questions about this form or the submission process may be directed to the Municipal Administrator's Office at bgcity@bgohio.org or (419) 354-6204.

Applications must be submitted in person.

COMPLETE & SUBMIT THE FOLLOWING *(Codified Ordinance 113.04):*

- Mobile Food Vendor Permit Renewal Application. The application is available online www.bgohio.org under Departments/Municipal Administrator/Permits.
- Income Tax Questionnaire—this must be completed with the Income Tax Commissioner's signature on page 3, which may be obtained in the City Income Tax Office located at 304 N. Church Street, Bowling Green, Ohio.
- Permit Fee. A \$100.00 non-refundable check for each applicant/vendor payable to "City of Bowling Green" upon date of application. *(Codified Ordinance 113.04; 35.70)*
- A current copy of applicants State of OH Mobile Food Vendors License (front and back)
- Proof of Liability Insurance (minimum \$1,000,000)
- Written plan for power and water if not specified on applicants State of OH Mobile Food Vendor License
- Read and comply with all fire safety regulations for Food Trucks listed at https://www.com.ohio.gov/documents/fire_TB19-001-OhioRegsreMobileFoodUnitsswCK%202017posterrata.pdf
- Schedule Fire Safety inspection with Bowling Green Fire Division—call 419-352-3106.

It is recommended applicants print and review **Chapter 113**, available at www.bgohio.org under Codified Ordinances, and become familiar with the requirements of the laws to potentially assist them as they may prepare to conduct business in Bowling Green.

No signs may be placed in the public right-of-way.



Permit #: _____
Application Date: _____
To be completed by staff
Page 1 of 3

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APPLICANT INFORMATION:

Name of Applicant: _____
Phone Number: _____
Home Address (street, city, state, zip) : _____
Email: _____

NAME OF AGENT: *(Please complete if the individual on-site in Bowling Green will be different than applicant.)*

Name of Agent(s): _____
Phone Number(s): _____

ONLY COMPLETE SECTION(S) THAT HAVE CHANGED

If there is no change, simply check the box

COMPANY INFORMATION - No Change

Company Name Applicant is Employed by: _____
Company Phone Number: _____

Address of Company Applicant is Employed by: _____

Type of Business/Company: _____

List Products or Goods to be sold: _____

Sale Location (mark all that apply)

[] Parked on street selling from vehicle
[] Other (specify address or description) _____

MOTOR VEHICLE USED TO TRANSPORT GOODS - No Change

Make of Vehicle: _____
License Number: _____
License State: _____
VIN: _____

Does the applicant have a fixed place of business in Bowling Green? YES ___ NO ___

Is the product to be sold one that was raised or manufactured by the applicant or his agent? YES ___ NO ___

Is the product being sold by sample only? YES ___ NO ___

Does your State of Ohio Mobile Food Vendors License specify your plan for power & water? YES ___ NO ___



CITY OF BOWLING GREEN OHIO
INCOME TAX DIVISION—QUESTIONNAIRE

304 N. Church St., Bowling Green, OH 43402-2399
Ph: (419) 354-6212 Fx: (419) 354-5122
bgtax@bgohio.org www.bgohio.org (select income tax)

1. Company and Trade Name _____ EID No. _____
2. Name of Officer (if a Corporation) and Title _____
3. Name of Owner(s) _____ Soc. Sec. _____
4. Mailing Address _____ Phone _____
Fax _____
5. B.G. Address/Work Location _____ Phone _____
6. Accountant Name and Address _____ Phone _____
7. Starting Date of Bowling Green Activities _____ If temporary, anticipated ending date _____
8. Type:
- | | | |
|--|--|---|
| <input type="checkbox"/> Individual Proprietor | <input type="checkbox"/> Sub-S Corporation | <input type="checkbox"/> LLC (Corporation) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> LLC (Sole Proprietor) | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC (Partnership) | <input type="checkbox"/> Association |

If a partnership, list on the back of this form the names and addresses of all partners.

If "S" Corporation, list on the back of this form the names and addresses of all shareholders.

9. A. Do you have employees working in Bowling Green? Yes No
- B. Are you withholding BG taxes for BG residents who work outside of BG? Yes No
If Yes, what date did you begin BG city tax withholding _____
- C. Do you need withholding forms? Yes No
- If you want us to provide you with your account number to give to a payroll provider, please provide us with your
Payroll Provider _____ Email Address _____,
Fax # _____, or Phone # _____.
10. Accounting Period: Calendar Year (Y/N) _____ OR Fiscal Year Ending (mm/dd) _____
11. Nature of business _____
12. Is this local address the Home Office or a Branch _____
13. If no Bowling Green address, do you have net profit/loss attributable to Bowling Green? Yes No
- Applicants email address: _____

If Business Was Outgrowth of Another, Please Complete the Following:

14. Name of former owner(s) _____
15. Trade Name (If Any) _____ ID # _____
16. Mailing Address _____
17. Type of Organization: Individual ___ Partnership ___ Corporation ___ S Corporation ___ Association ___
18. Nature of change: Sale _____ Discontinuance _____ Change in Organization _____ Other _____

Date _____ Signature _____ Title _____

