Mobile Food Vendor Permit Application

Compliance with Chapter 113 of the Bowling Green Codified Ordinances

The following guidelines for completion of the Mobile Food Vendor Permit will help ensure that all of the necessary documents required by the City of Bowling Green are included. This 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 Income Tax Questionnaire and Fire Inspection must be completed. 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 Application. The application is available online www.bgohio.org under Departments/Municipal Administrator/Permits.
- Income Tax Questionnaire—this must be completed in person, and the Income Tax Commissioner’s signature obtained on page 2 of the Permit Application, in the City 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 www.com.ohio.gov/fire/TechnicalBulletins.aspx
- 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.

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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): ____________________________________________

COMPANY INFORMATION:
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
Make of Vehicle: _____________________________________________
License Number: _____________________________________________
License State: _______________________________________________
VIN: _________________________________________________________

APPLICANT QUESTIONNAIRE

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___

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1. Company and Trade Name ________________________________________

2. Name of Officer (if a Corporation) and Title _______________________

3. Name of Owner(s) _____________________________________________

4. Mailing Address _______________________________________________

5. B.G. Address/Work Location ______________________________________

6. Accountant Name and Address _________________________________

7. Starting Date of Bowling Green Activities ________________ If temporary, anticipated ending date ________________

8. Type:

   [ ] Individual Proprietor
   [ ] Partnership
   [ ] Corporation
   [ ] Sub-S Corporation
   [ ] LLC (Sole Proprietor)
   [ ] LLC (Partnership)
   [ ] LLC (Corporation)
   [ ] Non-Profit Corporation
   [ ] 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 _______

   Permits #: __________________ Application Date: ________________

   To be completed by staff

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CITY OF BOWLING GREEN OHIO

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INCOME TAX REQUIREMENT
Applicant must register in person in the office of the City Income Tax Commissioner, 304 North Church Street, Bowling Green, Ohio, and furnish all requested.

I hereby confirm that __________________________ has registered in person and has furnished all necessary information.

(Name of Applicant)

City Income Tax Commissioner Signature ____________________________ date ____________

FEES Permit Fee: $100.00 non-refundable per person/applicant payable to “City of Bowling Green” upon date of application. (Codified Ordinance 113.04; 35.70)

Receipt: Receipt #: ____________ Total Paid: ____________ Date Issued: ____________

REQUIRED DOCUMENTS
[ ] Completed Mobile Food Vendor Permit Application
[ ] Copy of current/valid State of Ohio Mobile Food Vendor License (front and back)
[ ] Proof of registration with City of Bowling Green Income Tax Division
[ ] Proof of current liability insurance of at least $1,000,000.00
[ ] Plan for power and water (if not specified on OH license)
[ ] Paid License Fee
[ ] Successful Fire Safety inspection

I hereby agree that if a permit is issued to me that I will comply fully and appropriately with the provisions of the Bowling Green Codified Ordinances Chapter 113 and all other applicable ordinances. Upon approval I will display the permit in the vehicle registered with the City of Bowling Green. Approved permits expire on December 31st of the calendar year issued.

As of ____________ (date) I have read and am in compliance with all fire safety regulations posted for Food Trucks listed at www.com.ohio.gov/fire/TechnicalBulletins.aspx.

Printed Name of Applicant: ____________________________ Signature of Applicant: ____________________________ Date: ____________________________

FIRE DIVISION CERTIFICATION
The above Mobile Food Vendor passed a Fire Safety inspection.

Inspector Name ____________________________ Signature ____________________________ Date ____________

This section to be completed by Bowling Green City Staff

AUTHORIZATION OF MUNICIPAL ADMINISTRATOR
Upon review of this application and confirmation of the foregoing statements, I hereby [  ] approve or [  ] deny the applicant as a MOBILE FOOD VENDOR - PEDDLER - SOLICITOR - ITINERANT MERCHANT to conduct business in the City of Bowling Green in accordance with all the requirements of Chapter 113 and/or other requirements of the Bowling Green Codified Ordinances. I hereby authorize the issuance of the required permit from this office.

Municipal Administrator ____________________________ date ____________

Permit Expires December 31, ________ (Calendar Year in which it was issued)
Date permit was picked up ____________ Revised: Nov 19
Office Staff who completed issuance ____________________________