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 *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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Permit #: _____
Application Date: _____
To be completed by staff

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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___

TAX RATE 2.00%

Permit #: _____
Application Date: _____
To be completed by staff

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:

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

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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 Renewal 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:_____

This section to be completed by Bowling Green City Staff

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

_____ _____ _____
Inspector Name Signature Date

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_____
Office Staff who completed issuance_____