

## FOOD TRUCK/VENDOR PERMIT APPLICATION

DATE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PERSON AND PHONE NUMBER TO CONTACT IN CASE OF  
EMERGENCY: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TO \_\_\_\_\_ TIME(S) OF EVENT: \_\_\_\_\_ TO \_\_\_\_\_

DATE(S) YOU WILL BE OPEN FOR BUSINESS: \_\_\_\_\_ TO \_\_\_\_\_ TIME(S): \_\_\_\_\_ TO \_\_\_\_\_

DESCRIBE IN DETAIL WHAT YOU WILL BE

SELLING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS CLARK COUNTY HEALTH DEPARTMENT NOTIFIED ABOUT THIS EVENT IF APPLICABLE: \_\_\_\_\_

WHO DID YOU TALK TO AND DATE: \_\_\_\_\_

DO YOU HAVE A LICENSE FROM A HEALTH DEPARTMENT TO OPERATE: \_\_\_\_\_ WHICH COUNTY: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ (COPY OF LICENSE FROM HEALTH DEPARTMENT REQUIRED WITH THIS APPLICATION)

- \$25.00 PER YEAR NON-REFUNDABLE PERMIT FEE REQUIRED**
- ALL FUTURE DATES REQUIRE AN APPLICATION TO BE FILLED OUT AND ON FILE AT THE VILLAGE OFFICE OR BY CALLING THE VILLAGE OFFICE @ 937-864-7870 TO REPORT THE DATES AND TIMES YOU WILL BE IN TOWN BEFORE THE BUSINESS CAN BE OPERATED**
- FOOD TRUCKS/VENDORS ARE SUBJECT TO THE VILLAGE OF ENON ZONING CODES AND REGULATIONS**

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OFFICE USE ONLY

FEES PAID DATE/TIME \_\_\_\_\_ CASH \_\_\_\_\_ CHECK/# \_\_\_\_\_ CC \_\_\_\_\_ RECEIPT # \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

REASON FOR

DENIAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VILLAGE OFFICIAL

DATE/TIME

THIS EVENT PERMIT CAN BE REVOKED OR CANCELLED AT ANY TIME FOR NON-COMPLIANCE, MISCONDUCT OR FOR ANY OTHER REASON THAT COULD CAUSE UNDUE HARM OR SAFETY REASONS.