

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**

OFFICE USE ONLY

FEE 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.