



CITY OF MANSFIELD

Timothy L. Theaker, Mayor

**Bureau of Buildings, Inspections, Licenses, and Permits
30 N. DIAMOND STREET, MANSFIELD OH 44902
(419) 755-9688 FAX: (419) 755-9453**

FOOD TRUCK/ SIDEWALK VENDOR LICENSE REQUIREMENTS

The following items are required to apply for a Food Truck/Sidewalk Vendor License.

- 1. Completed Food Vendor Permit application which will include**
 - a) Address at which Food Truck will be located**
 - b) Name of Vendor and Food Truck business**

- 2. Written permission from the property owner allowing the Food Truck**

- 3. Site plan indication exact location of Food Truck on the property and how water and electric will be provided.**

- 4. Richland County Health Department approvals**

Fees:

\$45.00 Food Truck License

\$15.00 Sidewalk Vendors



CITY OF MANSFIELD
APPLICATION FOR FOOD VENDOR PERMIT

Bureau of Buildings, Inspections, Licenses and Permits
 30 N. Diamond Street, Mansfield, Ohio 44902
 Phone : (419)755-9688 www.ci.mansfield.oh.us

Complete the following information for each vending device. A separate application shall be submitted for each vending device. Please print or type. All sections must be completed and coordinated with any attached information. This application shall be accompanied by applicable permit fees. The permit shall be valid for one year from the date of approval.

VENDOR CONTACT INFORMATION AND DESCRIPTION

1	Name of Applicant:		
	Address:	City:	State: Zip:
	Phone:	E-Mail:	
2	Vendor's Name:		Attention/Contact:
	Address:	City:	State: Zip:
	Phone:	E-Mail:	
3	Provide a description of the Items to be sold (i.e. tacos, coffee, ice cream, etc.):		
4	Provide a description of the vending device (i.e. Food Truck, Vendor cart, Tent, etc.):		
5	Requested location and alternative locations:		
a			
b			
c			
d			
6	I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner and have read the following conditions and will comply accordingly.		
	<ul style="list-style-type: none"> • I have provided evidence that I have obtained all required Health Department and Food Services licenses/approvals at the time of application. • I have obtained written permission from the property owner of the above locations where my vending device will be placed. Copy of such permission shall be attached to this application. Requests for Vending devices to locate on City property or within public Right-of-Way shall be described in this application. • I, the Owner, or as Agent for the Owner, have an insurance policy currently in effect, and will maintain same during the entire permit/approval period covering the Owner or any other person using the described/permitted vending device with the Owner's consent for any claims or damages to property or injury to persons resulting from any activity carried on under the permit/approval. Such insurance shall provide coverage of not less than twenty-five thousand dollars (\$25,000) for any one incident and shall be combined single limit coverage from an insurance company duly licensed to transact such business in the State of Ohio, and no deductible shall be allowed from this policy in an amount greater than two hundred fifty dollars (\$250). 		
		FOR OFFICE USE ONLY	
		Intake Person Initials / Date:	
		Fees Paid Initials / Date:	
		Application Approved / Date:	
Applicant Signature (name shall match box 1 above)		Date	Permit/Approval expires:

DIRECTIONS FOR COMPLETING AN APPLICATION FOR FOOD VENDOR PERMIT

In accordance with the City of Mansfield Codified Ordinances Section 759, approval and permit is required for Food Vendors.

Application Directions: Complete the application and attach information as necessary. All boxes, 1 through 6, must be completed in full or the application will be returned. Send this completed form along with all required documents and fees to "City of Mansfield Building Department, 30 N. Diamond Street, Mansfield, Ohio 44902".

1. Provide applicant name, address, email, and telephone. All correspondence will be sent to the applicant.
2. Provide the Vendor Name, name, address, telephone, email and a contact person. According to the OBC Section 106.2, the design professional(s) must be identified by completing all information including their Ohio registration number. If there are multiple design professionals, provide the name of the design professional in responsible charge and list all subsequent design professionals on a separate sheet to be submitted with the application.
3. Provide a written description of the items to be sold. Copies of price lists or menus can be attached but please do not leave this box blank.... indicate menu attached or similar.
4. Provide a detailed description of the vending device. A photo of the vending device may be attached but please do not leave this box blank.... indicate photo attached or similar.
5. Provide a description/address of the proposed vending location and alternative locations. If more alternative locations are desired, please attach additional locations and descriptions.
6. Read all of the information in box 6 and check the appropriate box identifying the applicant as the owner or the agent for the owner. The individual who checks the box, signs, and dates the application shall be the same individual who is listed as the applicant in Box 1. All correspondence will be sent to the applicant. The applicant shall sign and date the application.

Attach the following information to this application:

1. A completed City of Mansfield Income Tax Questionnaire. A copy is attached to the end of this document.
2. Copies of menus or price lists per Box 3 if necessary.
3. Photos of vending devices per Box 4 if necessary.
4. Copies of Mobile food service license issued within the State of Ohio. For temporary licenses, separate application must be made to Richland Public Health. Call 419-774-4500 or see <https://richlandhealth.org/> for more information.
5. Location information per Box 5.
 - a. For private property locations, provide written permission from the Property Owner for each location.
 - b. For City property or public R/W locations, provide a map or aerial photo of the desired locations.
 - c. Provide a list of additional locations as necessary.

Fees. Fees are required to be submitted along with this application as follows. This application and attached information will not be accepted or reviewed until such time as fees are paid in full.

- \$15.00 for mobile food carts (vending devices up to 4'x8')
- \$45.00 for food truck and anything larger than a food cart

Attach additional information to this application as necessary. Please make sure the information is legible and coordinated.

A separate application and fees shall be submitted for each vending device.



City of Mansfield
 Income Tax Division
 P.O. Box 577
 Mansfield, OH 44901
 Phone: 419-755-9711 Fax: 419-755-9751
www.ci.mansfield.oh.us

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

For the purpose of our records, with regard to Mansfield Income Tax, please complete and return this Questionnaire promptly.

1. Local name and address as used for business purposes:

Trade Name: _____

2. Location in Mansfield or Work Site: _____

3. Type of work to be performed: _____

4. Date started in Mansfield: _____

5. Expected duration of work: _____

6. Federal I.D. or Social Security #: _____

7. Accounting period used for Federal Income Tax purposes:

(Check applicable box-if fiscal write in date) _____ Calendar Year Ending December 31

_____ Fiscal Year Ending _____

8. Do you now employ one or more persons in Mansfield? _____ Yes _____ No

Date Employees started in Mansfield: _____

9. Do you expect to have employees in the future? _____ Yes _____ No

When? _____

10. Projected Monthly Withholding Tax: _____

11. Does your company voluntarily withhold tax for Mansfield residents not employed inside the City of Mansfield? (If yes, only complete the front of the form) _____ Yes _____ No

12. Company Phone: _____ Fax: _____

Send Business Net Profit Return:

Send Withholding Tax Form:

Name: _____

Name: _____

Contact Person: _____

Contact Person: _____

Street Address: _____

Street Address: _____

City: _____ State _____ Zip _____

City: _____ State _____ Zip _____

Email: _____

Email: _____

13. Projected Yearly Revenue: _____ Less Than \$500,000 Annual Revenue
_____ More Than \$500,000 Annual Revenue

14. Type of Ownership (check which):

_____ Non-Profit Corporation _____ Individual Proprietorship (Complete 15a)
_____ Corporation (Complete 15b) _____ Partnership (Complete 15C)

15. Owner's Name and Address

a. If Individual Proprietorship, give owner's name, social security number, and address:

Name: _____

Social Security Number: _____

Street Address: _____

City: _____ State _____ Zip _____

b. If corporate subsidiary, give name and address of parent company main office:

Name: _____

Federal ID Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Will you be filing a consolidated return: _____ Yes _____ No

c. If partnership, association, or other incorporated joint business venture, list names and addresses of partners, association, or members

Name	SS# or Fed ID#	Street Address	City	State	Zip
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: Throughout this questionnaire, wherever listings are required-attach a separate list if sufficient spaces have not been provided.

16. With reference to real estate properties located within the City of Mansfield:

Does the business occupy, as a tenant, real estate property in Mansfield rented from others? _____ Yes _____ No

If so, to whom is rent paid: (Give owner, if known, otherwise his agent)

Name	SS# or Fed ID#	Street Address	City	State	Zip
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_____	_____	_____	_____	_____	_____
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17. Do you operate any other business within the City of Mansfield? _____ Yes _____ No

Note: Other business includes rental properties rented to others

If you do, list those located within the City:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

So that further correspondence will not be necessary, we ask your cooperation in filing this form promptly. THANK YOU