

CITY OF BEXLEY
MOBILE FOOD CART APPLICATION
2013

Permit No. _____

ADDRESS WHERE MOBILE FOOD CART IS TO BE LOCATED:

OWNER OF PROPERTY WHERE MOBILE FOOD CART IS TO BE LOCATED:

_____ Phone: _____

BUSINESS NAME ON MOBILE FOOD CART:

NAME OF APPLICANT/ CART OWNER: _____

HOME ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

Narrative description of products to be sold from MOBILE FOOD CART:

Columbus License No. _____

DAYS OF OPERATION: _____

HOURS OF OPERATION: _____

Fed. Tax I.D. No. _____

I hereby certify that I am the license holder, or the authorized representative, of the food service operation indicated above. I have read and agree to abide by all requirements of Second Amended Ordinance 44-11 and have provided written approval from the property owner where the proposed mobile food cart is to be located.

Signature Date

Fee: _____

Cc: Auditor; Police Dept. ; Health Dept.; Mayor ; Development Director; File