



## LICENSE APPLICATION FOR – **FOOD VENDING VEHICLE** MUNICIPAL CODE SECTION - **4-25**

### DEFINITION:

Food vending vehicles include any vehicles from which food items such as ice cream, candy or other food sundries are sold directly to a consumer at retail, and which is operated on any public road, street or other place within the City.

### IF DESCRIPTION DOES NOT APPLY, SEE:

Itinerant Restaurant (Ord. §4-45)

### GENERAL INSTRUCTIONS:

1. Print legibly and complete all sections to ensure efficient processing.
2. Assemble all required information and materials before filing application.
3. Thoroughly review all applicable Municipal Code Sections listed above.
4. Licenses expire January 31.
5. Add 10% to license fee for renewal after January 31.
6. Include \$5.00 license application fee payable to City of South Bend.
7. License fee payable to City of South Bend due at issuance - \$65.00.

### REQUIRED INFORMATION AND MATERIALS:

1. Vehicle / Driver's License State and Number and VIN (if applicable).
2. Health Officer Inspection of vehicle.
3. Police Department Inspection of required safety equipment.

### APPLICATION PROCESS:

1. Submit Application with \$5.00 Processing Fee.
2. Police Review and Recommendation to City Controller including Criminal / Traffic Record and Public Health, Safety and Welfare issues.
3. Controller Denies or Approves License (May require personal or surety bond).
4. License issued upon approval and payment of the license fee.
5. License Holder may do business with properly displayed metal sign and required safety equipment in good operating order.

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**MUNICIPAL CODE SECTION - 4-25**

I. APPLICATION TYPE Check One: **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

II. BUSINESS DATA

A. Business Name: \_\_\_\_\_

B. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Mailing Address (if differs): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: \_\_\_\_\_

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: \_\_\_\_\_

G. # of Vehicles: \_\_\_\_\_

H. Vehicle license number and issuing state: \_\_\_\_\_

I. Vehicle Identification Number (VIN): \_\_\_\_\_

J. Items to be sold: \_\_\_\_\_

K. Insurance Carrier, Agency, and Amount of Liability Insurance: \_\_\_\_\_

**For Office Use Only**

Application Filed \_\_\_\_\_ Central Services Vehicle Inspection \_\_\_\_\_

Application Fee Paid \_\_\_\_\_ License Fee Paid \_\_\_\_\_

Sent to Dept. \_\_\_\_\_ License Number \_\_\_\_\_

Health Department Approval \_\_\_\_\_ Metal Sign Number \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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III. PERSONAL DATA

A. Applicant's Legal Name: \_\_\_\_\_

B. Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Residential Telephone Number: \_\_\_\_\_

D. Cellphone Number: \_\_\_\_\_

IV. INCLUDE COPY OF CURRENT LIABILITY INSURANCE POLICY WITH APPLICATION

V. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VI. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I have read and understand the regulations of the Food Vending Vehicle license found in the City of South Bend Municipal Code, Section 4-25.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date