

GALLIPOLIS MOBILE FOOD APPLICATION

Applicant Information					
Name:					
Date of birth:				Federal ID #:Phone:	
Current address:					
City:		State:		ZIP Code:	
Business address:					
City:		State:		ZIP Code:	
Phone Number:		Business Phone:		Cell Phone:	
Email:					
Ohio Driver's License:				Expiration Date:	
Are you a U.S. Citizen?					
Are you a legal resident?					
Have you had a City of Gallipolis license and/or permit revoked, suspended or refused with the last three (3) years? Yes No					
If yes, please explain:					
Have you ever been convicted of a Felony?					
List all Felony convictions in the United States over the past seven (7) years, if none, write "NONE"					
Are you on felony probation or parole? YES NO If yes, date began:					
Have you ever been required to register as a sexual offender? YES NO					
Power Source:(Circle all that apply) Propane Generator Electric Other:					
Right of Way Permit? YES NO Private Property YES NO					
Municipal Pool Permit? YES NO Ball Field YES NO					

All information contained in this application is subject to disclosure as a matter of public records. Any false statement made or given in this application shall result in the denial of the application or future revocation of this license. Applicant may also be referred for criminal prosecution.

Applicant Signature

Date