FOOD TRUCK/VENDOR PERMIT APPLICATION 2021

Date:	<u></u>	[•] Permits must b	E SUBMITTED 2	4 -48 HRS TO	THE EVENT- NO I	EXCEPTIONS*
NAME OF BUSINESS:						
NAME:	PHONE:					
ADDRESS:						
PERSON AND PHONE NUMBER						
DATE(S) OF EVENT:	TO		TIME	E(S) OF EVENT	:	то
OCATION THAT YOUR FO MAKE SURE YOU HAVE PERMISSION	OD TRUCK WILL BE PAR	KED:	WILL BE BETWEEN	YOU AND THE P	ROPERTY OWNER)	_
OATE(S) YOU WILL BE OPEN FO	R BUSINESS:		то		TIME(S):	то
DESCRIBE IN DETAIL WHAT YOU						
Was Clark County Health Who did you talk to and do						
OO YOU HAVE A LICENSE FROM						
ICENSE NUMBER:						
FOLLOW GUIDELIN \$25.00 PER YEAR NOT (PERMITS MUST B SETTING UP- YOU N ALL PERMITS EXPIR ALL FUTURE DATES OFFICE @ 937-864-7	OLLOW THE STATE & CI IES. N-REFUNDABLE PERMIT FEE E PICKED UP AND PAID WILL BE ASKED TO LEAN RE ON DECEMBER 31, 2 QUIRE AN APPLICATION TO BE 2870 TO REPORT THE DATES D TRUCKS/VENDORS ARE SU ************************************	E REQUIRED (NO FOR PRIOR TO VE) 021. BE FILLED OUT AN S AND TIMES YOU JBJECT TO THE VII	FEE FOR THE SETTING UP DON FILE AT TH WILL BE IN TOW LLAGE OF ENON	2021 SEASO - IF YOU DO HE VILLAGE OFF VN BEFORE THI ZONING COD	NOT HAVE PE FICE OR BY CALLIN E BUSINESS CAN E ES AND REGULAT	RMIT BEFORE NG THE VILLAGE BE OPERATED TIONS
*****	*****	_	USE ONLY	****	·	* * * * * * * * * * * * * * * * * *
EE PAID DATE/TIME	CASH	CHECK/#		CC	RECEIPT #	
,	Approved:					
REASON FOR DENIAL:					-	
VILLAGE OFFICIAL THIS EVENT PERMIT CAN BE REVO UNDUE HARM OR SAFETY REASON		VIE FOR NON-COMF	DATE/TIME	DUCT OR FOR A	NY OTHER REASON	— THAT COULD CAUSE