

Received:

(Office Use)



City of New Carlisle, Planning Department
331 South Church Street, New Carlisle, Ohio 45344
Phone: 937.845.9492 • planning@newcarlisleohio.gov

Permit No. _____

Authorized City Signature
(Office Use)

**APPLICATION FOR
TEMPORARY FOOD VENDOR ZONING PERMIT**

\$50
Application Fee

APPLICANT INFORMATION (REQUIRED)

Name: _____ Title: _____

Phone: _____ Email: _____

Applicant Home Address: _____

PERMIT LOCATION INFORMATION (REQUIRED)

Temporary Business Name: _____

Permit Location Address: _____ Zoning District: _____

Temporary Business Phone: _____ Emergency Phone: _____

Nature of Business: _____

Number of Parking Spaces (if available): _____ Number of Employees: _____

Hours of Operation: _____

Owner of Property: _____ Owner Phone: _____

Name of Business Property is Located: _____

REQUIRED DOCUMENTS, REGULATIONS AND SIGNATURE ON SECOND PAGE

**APPLICATION FOR
TEMPORARY FOOD VENDOR ZONING PERMIT
(CONTINUED)**



PROPERTY OWNER (REQUIRED)

Written permission from property owner, stating that approval has been given to occupy the above noted location for Temporary Food Sales.

Food Vendor's License (REQUIRED)

Proof of a current Food Vendor's License issued by the Clark County Combined Health District shall be included with this application.

CITY INCOME TAX (REQUIRED)

All City business and taxation regulations including earned income tax shall apply to such temporary use. City income tax filings and payments must be current and certified by the City's Tax Administrator, prior to the issuance of any Temporary Permit.

SIGNAGE

Any signage may only be permitted attached to the Temporary Truck/Trailer. No signage is permitted on other structures, buildings or located in the Right of Way or Sidewalks.

CITY ORDINANCE

City Ordinance 1286.02, related to Temporary Food Vendor, can be found at the City's Website @ www.newcarlisleohio.gov

THE PROPERTY OWNER(S) AND BUSINESS OWNER(S) CERTIFIES THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE AND AGREES TO COMPLY WITH ALL CITY OF NEW CARLISLE, OHIO ORDINANCES AND ZONING REGULATIONS.

APPLICATION FEE: \$50

APPLICANT'S SIGNATURE: _____ **Date:** _____

(Office Use Only)

PERMITTED USE IN DISTRICT: YES / NO

CONDITIONAL USE PERMIT REQUIRED: YES / NO

CONDITIONS: _____

AUTHORIZED SIGNATURE: _____

(City Staff)

DATE: _____