

ICE CREAM TRUCK PERMIT APPLICATION



ICE CREAM TRUCK OWNER

NAME:	PHONE:
MAILING ADDRESS:	EMAIL:

ICE CREAM TRUCK MANAGING OPERATOR

NAME:	<input type="checkbox"/> SAME AS OWNER	PHONE:
MAILING ADDRESS:		EMAIL:
DRIVERS LICENSE NUMBER:	EXPIRATION DATE:	BILLING CONTACT?:

ICE CREAM TRUCK INFORMATION

BUSINESS NAME:	TYPE OF ICE CREAM SERVED:
TRUCK NAME:	LICENSE PLATE #:
TRUCK DESCRIPTION:	

DISCLOSURE

HAS THE OWNER OR OPERATOR OF THE ICE CREAM TRUCK EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO
IF YES, LIST THE LOCATION(S) AND DATE(S) OF THE OFFENSE(S), AS WELL AS THE NATURE OF THE OFFENSE AND ANY PUNISHMENT OR PENALTY ASSESSED.

APPLICATION TYPE

☐ NEW APPLICATION ☐ RENEWAL ☐ ADD ADDITIONAL EMPLOYEE ☐ CHANGE LOCATION

ADDITIONAL DOCUMENTATION

PLEASE PROVIDE THE FOLLOWING ADDITIONAL DOCUMENTATION.

- ☐ GOVERNMENT ISSUED ID FOR THE OWNER, OPERATOR AND EACH EMPLOYEE OF THE ICE CREAM TRUCK.
- ☐ CURRENT OSBI BACKGROUND CHECK (WITHIN LAST 90 DAYS) FOR OWNER, OPERATOR, AND ANY PERSON OCCUPYING THE ICE CREAM TRUCK.
- ☐ PROOF OF LIABILITY INSURANCE IN THE AMOUNT OF ONE MILLION DOLLARS (\$1,000,000.00) LISTING CITY OF CRESCENT AS A NAMED INSURED.
- ☐ COPY OF THE OKLAHOMA STATE HEALTH PERMIT.
- ☐ COPY OF THE OKLAHOMA STATE SALES TAX PERMIT OR CHARITABLE EXEMPTION.

NOTES

APPLICANT SIGNATURE: _____ DATE: _____