



UNION CITY OHIO DEPARTMENT OF PUBLIC SAFETY

401 E. Elm Street, Union City, Ohio 45390



MOBILE FOOD SERVICE APPLICATION

Type of Permit: _____ Weekly (\$20.00) _____ Yearly (\$200.00)

Applicant Name:

Applicant Address:

Name of Mobile Food Service:

Types of foods being served:

Please provide the following with your mobile food service application:

_____ Current Mobile Food Service Operation License (Health Department License)

_____ Proof of Liability Insurance

One-time (weekly) food service operation permits are effective on a weekly basis starting on Monday at 6am and shall expire on Sunday at 9pm.

Termination of permit: the issuing authority may terminate the permit if the permit holder fails to comply with the terms and conditions of the permit or any applicable laws, regulations, or rules.

Liability: The permit holder assumes all responsibility and liability for the operation, and agrees to indemnify and hold harmless the issuing authority from any claims, damages, or expenses arising from the operation.

Transfer of permit: The permit is not transferable. The permit holder may not sell, lease, assign, or otherwise transfer the permit to any other person or entity.



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HOURS OF OPERATION

Sunday thru Thursday 6am-9pm

Friday and Saturday 6am-10pm

By signing below, the permit holder acknowledges that they have read, understood, and agree to comply with all terms and conditions of this non-refundable permit for operation.

Applicant Signature: _____

Date: _____

Application Fee Paid Date: _____ **Received by:** _____

Fire Inspection Completed Date: _____ **Inspected By:** _____