



**2 East Sandusky Street  
Fredericktown, Ohio 43019  
740-694-9010 | Fax 740-694-9032  
fredericktownohio.net**

Application No. \_\_\_\_\_

### APPLICATION FOR MOBILE FOOD VENDOR ZONING CERTIFICATE

In accordance with the Village of Fredericktown Zoning Ordinance 2023-18, a Zoning Certificate is required for Mobile Food Vendors.

***The Zoning Inspector shall act upon all applications on which he is authorized to act by the provisions of Zoning Ordinance 2023-18 within thirty (30) days after they are filed in full compliance with all the applicable requirements.***

***Applicant is required to notify Village of Fredericktown within 24 hours of setting up Mobile Food Truck.***

**The following items are required to apply for a Mobile Food Vendor Zoning Certificate.**

1. Completed Food Vendor Zoning Certificate application which will include:
  - a) Address at which Food Truck will be located
  - b) Name of Vendor and Food Truck business
2. Written permission from the property owner allowing the Food Truck
3. Site plan indication exact location of Food Truck on the property and how water and electric will be provided.
4. Knox County Health Department approvals
5. Fee:
  - a) Type 1: \$150.00 - two or more hours per day, daily for up to 30 days per calendar year (Zoning certificate required annually.)
  - b) Type 2: \$25.00 - four hours per day, two times per calendar year (Zoning certificate required for each occurrence.)

**Complete the following information for each vending device. A separate application shall be submitted for each vending device. All sections must be completed and coordinated with any attached information. This application shall be accompanied by applicable Zoning Certificate fees. The Zoning Certificate shall be valid for one year from the date of approval. The applicant hereby certifies that all information and attachments to this application are true and correct.**

Date of application \_\_\_\_\_ Food Truck License Plate # \_\_\_\_\_

Name of applicant \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vendor Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Provide a description of the items to be sold (i.e., tacos, coffee, ice cream, etc.): \_\_\_\_\_

\_\_\_\_\_

Provide a description of the vending device (i.e., food truck, vendor cart, tent, etc.): \_\_\_\_\_

\_\_\_\_\_

Requested location and alternative locations: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that I am the (select one) \_\_\_\_\_ Owner \_\_\_\_\_ Agent for the Owner and have read the following conditions and will comply accordingly.

- I have provided evidence that I have obtained all required Health Department and Food Services licenses/approvals at the time of application.
- I have obtained written permission from the property owner of the above locations where my vending device will be placed. Copy of such permission shall be attached to this application. Requests for Vending devices to locate on City property or within public Right-of-Way shall be described in this application.
- I, the Owner, or as Agent for the Owner, have an insurance policy currently in effect, and will maintain same during the entire Zoning Certificate/approval period covering the Owner or any other person using the described/Zoning Certificated vending device with the Owner's consent for any claims or damages to property or injury to persons resulting from any activity carried on under the Zoning Certificate/approval. Such insurance shall provide coverage of not less than twenty-five thousand dollars (\$25,000) for any one incident and shall be combined single limit coverage from an insurance company duly licensed to transact such business in the State of Ohio.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

FEE PAID: AMOUNT \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ DATE \_\_\_\_\_

Application approved by Zoning Inspector. Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Application rejected by reason of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector

## **DIRECTIONS FOR COMPLETING AN APPLICATION FOR FOOD VENDOR ZONING CERTIFICATE**

***Application Directions: Complete the application and attach information as necessary. Application must be completed in full or the application will be returned. Send this completed form along with all required documents and fees to “Village of Fredericktown, 2 E. Sandusky St., Fredericktown, OH 43019”.***

1. Provide applicant name, address, email, and telephone. All correspondence will be sent to the applicant.
2. Provide the Vendor Name, name, address, telephone, email and a contact person. According to the OBC Section 106.2, the design professional(s) must be identified by completing all information including their Ohio registration number. If there are multiple design professionals, provide the name of the design professional in responsible charge and list all subsequent design professionals on a separate sheet to be submitted with the application.
3. Provide a written description of the items to be sold.
4. Provide a written description vending device.
5. Provide a description/address of the proposed vending location and alternative locations. If more alternative locations are desired, please attach additional locations and descriptions.

Attach the following information to this application:

1. Copies of Mobile food service license issued within the State of Ohio. For temporary licenses, separate application must be made to Knox Public Health. Call 740-392-2200 or see [knoxhealth.com](http://knoxhealth.com) for more information.
2. Location information.
  - a. For private property locations, provide written permission from the Property Owner for each location.
  - b. For Village property or public right-of-way locations, provide a map or aerial photo of the desired locations.
  - c. Provide a list of additional locations as necessary.

Fees are required to be submitted along with this application as follows. This application and attached information will not be accepted or reviewed until such time as fees are paid in full.

Attach additional information to this application as necessary. Please make sure the information is legible and coordinated.

A separate application and fees shall be submitted for each vending device.