



## Application for Food Truck Permit

260 S. Garber Drive, Tipp City, Ohio  
45371 Phone: 937-667-6305  
[www.tippcityohio.gov](http://www.tippcityohio.gov)

## For Staff Use Only

Submittal Date:

Case/Permit Number:

## Applicant Information

Company Name:	Name on Truck:
Company Owner's Name:	Contact Name:
Owner's Address:	Contact Address:
Owner's Phone Number:	Contact Phone Number:
Owner's E-Mail:	Contact E-mail:
Truck License Plate Number:	Truck Color:
Truck Make/Model:	Truck Size (LxWxH):

**Description of Items to be Sold:**

## Code Requirements for All Food Trucks

1. Food trucks are not permitted in residential districts. (See **Code Table 154.04-2: Principally Permitted Uses**)
2. No person may operate a food truck in the City of Tipp City without a food truck permit issued by the City.
3. The food truck vendor must obtain expressed written consent of the property owner to locate/operate a food truck on private property.
4. The written consent must be kept in the food truck at all times that the food truck is on the property.
5. Food trucks and vendor locations will be maintained in a clean and sanitary condition at all times.
6. The food truck vendor is responsible for the proper disposal of waste and trash associated with operation.
7. Electric, gas, and water will be self-contained within the food truck.
8. One Temporary Sidewalk Sign is permitted in accordance with Code § 154.11(K)(5)
9. The zoning must be approved **48 hours** prior to operation of the food truck.

## Zoning Information

Location:

**Zoning District (Not Permitted in Residential Districts):**

Written consent from property owner attached: Yes No

Start Date:  End Date:

Yes

No

Start Date:  End Date:

**Applicant's Signature**

I certify that, to the best of my knowledge, the information contained in this form and within any attachments is correct and truthful. Furthermore, I certify that I am the food truck owner or a duly authorized agent of the owner for this application. I understand that knowingly falsifying this information may be grounds for the denial or revoking of this application and any subsequent review applications.

Print Name:

Signature:

Date:

**Zoning Compliance Decision - For Staff Use Only**

The signature below authorizes the zoning was approved as part of this application

Signature

Decision:  Approved  Denied

Date of Approval:

Comments:

**Ohio Department of Health Mobile Food License**

A copy of a valid Ohio Department of Health Mobile Food License attached:  Yes  No

**Tipp City Fire and Emergency Services Review - For Staff Use Only**

To schedule: Contact Fire and Emergency Services at 937-667-9199 or 937-506-3950

Authorized Signature:

Decision:  Approved  Denied

Date of Decision: