

TMC 745.09  
Code 7363 – Mobile Food

**City of Toledo – License Bureau  
One Government Center Suite 2000  
Toledo, Ohio 43604  
245-1651**

Lic. No. \_\_\_\_\_  
Date Iss \_\_\_\_\_  
Exp. Date \_\_\_\_\_

**APPLICATION  
Mobile Food Registration Fee - \$50.00**

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Last First Middle

Address (Home) \_\_\_\_\_  
Month Day Year Phone No. (Home) (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Name of Business or Company \_\_\_\_\_

Address (Business) \_\_\_\_\_  
Phone No. (Business) (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Type of Business/Company \_\_\_\_\_

List Products/Goods to be sold \_\_\_\_\_

Sale Location (Check pertinent ones)  
 Parked on street selling from vehicle  
 Other \_\_\_\_\_  
Provide address or description

Name of Agent \_\_\_\_\_

Address of Agent (while in Toledo) \_\_\_\_\_

Agent's Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Motor Vehicle Make/Model used to transport goods for sale: \_\_\_\_\_

License Plate Number & State: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

I hereby agree that if a license is issued to me that I will comply fully and appropriately with the provisions of the Toledo Municipal Code Chapter 745 specifically, and Part Seven of the Business Code, generally.

Date \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_

Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_

Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_

\_\_\_\_\_  
Commissioner Taxation/Treasury

\_\_\_\_\_  
Health Department

For Office use only: Certificate of Tax Compliance completed \_\_\_\_\_  
Food Establishment License (County) \_\_\_\_\_  
Current State of OH Vendors License \_\_\_\_\_  
Proof of Liability Insurance (\$1M) \_\_\_\_\_