



**CITY OF NORTH OLMSTED**

**SAFETY DEPARTMENT  
FROZEN DESSERT PEDDLERS**

Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Drivers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

**VEHICLE CHECK**

Truck License No: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_

Signs on Both Sides: \_\_\_\_\_

Tires: \_\_\_\_\_

Truck Condition: \_\_\_\_\_

Proper Brake Lights: \_\_\_\_\_

Proper Flashing & Warning Lights: \_\_\_\_\_

**VEHICLE CHECKED BY:** \_\_\_\_\_

**APPROVAL**

\_\_\_\_\_  
SAFETY DIRECTOR

Date: \_\_\_\_\_

\_\_\_\_\_**Receipt of Food Handler's Permit issued through the County Health Department.**

\_\_\_\_\_**Vehicle Requirements-** Display on at least two sides of vehicle, in letters not less than 2 inches high, the name of the products, the manufacturer and the name of the employer.

Vehicle shall be commercial metal construction, properly insulated, kept and maintained in good repair, well painted and in a clean and sanitary condition.

\_\_\_\_\_**Soft Chime;** Limit of audibility of which shall be no more than 100 feet from the source.

**FROZEN DESSERT PEDDLER ACKNOWLEDGES RECEIPT OF A COPY OF NORTH OLMSTED CODIFIED CHAPTER 737 (Frozen Dessert Peddlers) AND AGREES TO ABIDE BY ALL RULES AND REGULATIONS.**

\_\_\_\_\_  
Applicants Signature

Date: \_\_\_\_\_