



City of Ocean Springs Planning Department

1018 Porter Avenue / PO Box 1800 Ocean Springs, MS 39564

(228) 875-4415

ICE CREAM MOBILE VENDOR ANNUAL PERMIT RENEWAL

Submittal Requirements:

- Completed Application
- Fee:
 - **ALL APPLICATIONS**.....\$1.00 additional fee (per Ordinance 2022-17 following the requirements of Section 25-60-5 MS code Annotated)
 - Business address within city limits – \$25
 - Business address outside city limits - \$250 (transient vendor fee).
 - Fees do not include any applicable Privilege License fees.

Fee must be paid at the time application is submitted

Date: _____

Name of Property Owner/Applicant _____
Business Name _____
Business Address _____
Phone No. _____ Email Address: _____

Sales Tax Number (**attach copy of sales tax permit**): _____

PERSONNEL INFORMATION

Background Check Information (add page if necessary):

Owner: _____ / _____ / _____
Name Phone Number DL Number
If applicable, list any criminal convictions in any state including possession within the past 10 years: _____

Employee: _____ / _____ / _____
Name Phone Number DL Number
If applicable, list any criminal convictions in any state including possession within the past 10 years: _____

***** Attach DL copy and a Health Certificate for Each Employee *****

Ice Cream Mobile Vendors are subject to a Criminal Background Check. I understand that my Driver License information will be used for this purpose: _____ (initials)

BUSINESS OPERATION INFORMATION

Contact Name / Phone Number for Ice Cream Truck unit while in route: _____

Proposed itinerary with route, vending locations and times: _____

Description of Products to be Sold: _____

VEHICLE INFORMATION:

Include a copy of the Insurance Card for Each Vehicle

Vehicle #1: _____

VIN #

TAG#

State Insp. Sticker #

Insurance Carrier

Policy Number

Expiration Date

Vehicle #1: _____

VIN #

TAG#

State Insp. Sticker #

Insurance Carrier

Policy Number

Expiration Date

***** Add Pages if Necessary for Additional Vehicles *****

STATE HEALTH DEPARTMENT CERTIFICATIONS:

Date Vehicle Certified by Health Department: _____

Date Food Storage Area Certified by Health Department: _____

***** Include a copy of all Health Department Certificates *****

Ice Cream Mobile Vendors are subject to the requirements referenced in Ordinance 2014-08 [attached].

Owner Signature: _____ Date _____

Copy of Ordinance 2014-08 Received: _____ *(initials)*