



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 #
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Insurance Carrier	Policy Number	Expiration Date
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Vehicle #1: \_\_\_\_\_

VIN #	TAG#	State Insp. Sticker #
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Insurance Carrier	Policy Number	Expiration Date
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**\*\*\* 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)