



APPLICATION  
Mobile Food Registration Fee - \$25.00

Name of Applicant \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_  
Month Day Year

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

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

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

Sale Location ☐ Mingo Park ☐ Smith Park ☐ Veterans Park ☐ Blue Limestone

Day and Times \_\_\_\_\_

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 City of Delaware Municipal Code Chapter xxx.

Date \_\_\_\_\_

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

For Office use only:  
City of Columbus Mobile Food Vending Unit Safety Inspection \_\_\_\_\_