



COMPLETE IN INK-PLEASE PRINT

SALE OF FROZEN DESSERTS FROM VEHICLES PERMIT

No. SFDP-_____

Business Owner: _____ Date _____, 20____
Address: _____
Telephone: _____ Fax: _____ Cell: _____

Business Name: _____
Address: _____
Telephone: _____ Fax: _____ Cell: _____

REQUIRED INFORMATION FOR ALL OPERATORS/DRIVERS

Driver: _____ Social Security #: _____
Address: _____

Driver: _____ Social Security #: _____
Address: _____

Driver: _____ Social Security #: _____
Address: _____

(If additional space is needed for drivers/operators, use reverse side of this form.)

CHECK LIST:

Frozen Dessert Truck equipped with two four inch amber oscillating lights, upon upper portion of the vehicle to be clearly visible to a person approaching such vehicle from the front or rear.

Vehicle Safety Inspection Certificate of the Frozen Dessert Truck from reputable auto garage or certified mechanic, obtained at owner's expense, certifying the vehicle's compliance with Riverside Codified Ordinance Chapter 719 and that the vehicle is in safe operating condition. Attach Copy

Documentation of current Food Service Vendors Permit issued by the Montgomery County Combined Health District. Attach Copy

NOTE: Restrictions on Vending

- A person shall vend only when a frozen dessert truck is lawfully stopped.
• A person shall vend only from the side of the frozen dessert truck away from moving traffic and as near as possible to the curb or side of the street.
• A person shall not vend to a person standing in the roadway.
• A person shall not stop on the left side of a one-way street to vend.

FROZEN DESSERTS FROM VEHICLES PERMIT FEE: \$75.00 PER CALENDAR YEAR.

Business Owner: _____ Date: _____
Signature

Chief of Police/Operations Lieutenant/Watch Supervisor or Office Manager: _____
Signature

Date

PROVIDE OWNER COPY OF THIS FORM AS RECEIPT