VILLAGE OF NEW CONCORD

MOBILE FOOD VENDOR APPLICATION

VILLAGE OF NEW CONCORD
2 West Main St
PO Box 10
New Concord, OH 43762
740-826-7671

Application #_____
Intake Date: _____
Information is available on our website:
www.newconcord-oh.gov

1. **Name**: _____
2. **Legal Address**: _____

_____

3. **Company You Represent**: _____
4. **Company Address**: _____

_____

5. **Company Phone:** _____
6. **Your Title:** _____
7. **Tax ID Number:** _____
8. **Products/Services Being Sold:**

   _____

_____

9. **Dates Working in New Concord:**

From: _____ **To:** _____

10. **Previous Towns in Which You Have Recently Worked:**

    _____

_____

_____

11. **References:**

    _____

_____

12. **Will Your Establishment be Located On or Off a Public Street? (Circle One)**

On Street Off Street

Edited: 10/8/2025

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13. **Attach to This Application the Following Documents:**
    - **A. Mobile Food License (Health Department)**
    - **B. Food Safety/Training Certification**
    - **C. Vendors License**
    - **D. Proof of Insurance**

I hereby swear that all information contained in the application is full and truthful.

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY:

Date received by Zoning Officer: _____ Application Number: _____

Fee Paid Date: _____ Fee Amount: _____

Approved: _____ Denied: _____

If Approved, Permit Number: _____

Signed:_____ Date:_____

Zoning Officer or delegate

Edited: 10/8/2025