

MOBILE FOOD VENDORS AND PUSHCARTS COMPLIANCE STATEMENT

| I, | of the business(Business Nam | , state that |
|---|---|---|
| (Print name of owner or authorized agent) | (Business Nam | ie) |
| • | of Bowling Green Code of Ordinants and pushcarts and the requirements. | _ |
| DEPARTMENT. YOUR ANSWER P | MUST BE COMPLETED AND SUBMIT ROVIDED ON THIS STATEMENT DET | TERMINES IF YOUR MOBILE |
| ** Please respond to the statement | ent below by checking (YES) or (NO |) ** |
| My Mobile Food Unit or Pushcar Bowling Green. | t will be operated on public rights | -of-way in the City of |
| ANSWER: (YES) | | |
| (NO) | | |
| If you have answered (YES), you will | l need to apply for your Mobile Food L | Jnit or Pushcart Permit. |
| not on public rights-of-way, please r vending changes, you must comply v | of your vending activity is and will be coreturn the COMPLIANCE STATEMENT of with the permit regulations. Please multional License, P O Box 1410, Bowling | only. If the status of your food ail the COMPLIANCE |
| Signed | Date | |

Questions regarding this COMPLIANCE STATEMENT or the Mobile Food Unit or Pushcart Permit may be directed to the Office of Occupational License, City of Bowling Green Finance Department, 1017 College St, City Hall Annex, or by phoning (270) 393-3000.