CITY OF AKRON
Treasury/License Division
161 S High St, Suite #200
Akron OH 44308
(330) 375-2484

ICE CREAM TRUCK APPLICATION
(PLEASE PRINT)

BUSINESS NAME_____ CITY OF AKRON INCOME TAX #_____

BUSINESS LOCATION/ADDRESS_____ PHONE #_____

OWNER'S NAME_____ PHONE #_____

OWNER'S ADDRESS_____

FORM OF OWNERSHIP (CHECK ONE) ☐ SOLE PROPRIETORSHIP ☐ CORPORATION ☐ PARTNERSHIP

IF PARTNERSHIP OR CORPORATION IS CHECKED, LIST OFFICERS/PARTNERS:

NAME	ADDRESS	PHONE #	TITLE

HAS ANY PERSON WITH AN INTEREST IN THE BUSINESS, INCLUDING DRIVERS, EVER BEEN ARRESTED?
☐ YES ☐ NO. IF "YES", PLEASE LIST ALL ARRESTS, DATES, PLACE AND DISPOSITION OF EACH:

_____

_____

LIST VEHICLE INFORMATION BELOW:

YEAR	MAKE OF VEHICLE	SERIAL NUMBER	STATE LICENSE #

(IF MORE VEHICLES, LIST ADDITIONAL INFORMATION ON THE BACK OF THIS APPLICATION.)

THE UNDERSIGNED STATES THAT ALL THE ABOVE INFORMATION IS TRUE. THE UNDERSIGNED ALSO ACKNOWLEDGES THE RECEIPT OF THE LICENSING ORDINANCE AND UNDERSTANDS THE PROVISIONS THEREIN. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL OF THE LICENSE.

_____ _____
SIGNATURE OF APPLICANT DATE