

**ICE CREAM TRUCK OPERATOR**

**PERMIT APPLICATION PACKAGE**

**FOR PREPACKAGED GOODS ONLY**

**NEIGHBORHOODS DEPARTMENT-DIRECTORS OFFICE**

**OFFICE OF CONSUMER AFFAIRS**

**214 NORTH HOGAN STREET 7th FLOOR**

**JACKSONVILLE, FL 32202**

**Phone: (904) 255-7198**

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**APPLICATION FOR PERMIT TO OPERATE AN ICE CREAM TRUCK**

***See instructions accompanying this application.***

1. **General Information on Applicant/Operator**

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| **1. Name of Applicant:** |
| **2. Applicant’s Aliases or Nicknames (if any):** |
| **3. Applicant’s Mailing Address:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **4. Applicant’s Social Security number (attach copy):**  **\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **5. Applicant’s Date of Birth:**  **Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Day\_\_\_\_\_\_\_\_ / Year\_\_\_\_\_\_\_\_\_\_\_** |
| **6. Applicant’s Phone Number/Email:**  **Phone # (\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_/ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **7. Applicant’s Driver’s License number for each State (attach copy):**    **DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **8. List of Jurisdictions in which the Applicant has held or currently holds a driver’s license:** |
| **9. Company Name/Address/Phone Number/Contact: Business Tax License and Street Vendor Permit is required after Ice cream Truck Operator’s Permit is issue.**  **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**  **Business Tax (required) Issued by the Duval County Tax Collector’s Office**  **Street Vendor Permit (required) Issued by the Duval County Tax Collector’s Office** |
| **10. Vehicle (ice cream truck) Information (attach photo of vehicle):**  **Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_ Vin#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_ Vin#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_ Vin#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_ Vin#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Applicant’s Background Information**

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| **1. Have you ever been convicted of ANY crime (MISDEMENOR or FELONY)?**  **Check one: ( ) YES ( ) NO** |
| **2. If yes, please list the date of conviction, place of conviction and the crime of which he or she was convicted:**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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*Please Note: “Conviction” means a determination of guilt in a criminal case by a court of competent jurisdiction, regardless of whether the defendant pled guilty, no contest, or nolo contendere, was found guilty by a judge or jury, or had adjudication withheld.*

1. **Sworn Affidavit**

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| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** *hereby verify and certify that I am the Applicant and duly authorized, that all information in the Application Packet, including this Application and any other attachments or information submitted with the Application, are true and accurate. I understand that any misstatement of material fact in the Application Packet will result in the denial of the permit or, if the permit has been issued, the suspension or revocation of the permit. The signature or mark provided shall certify that all information provided is true and accurate and that the applicant agrees to defend, indemnify, and hold harmless the City of Jacksonville and its respective officers, agents and employees from any suits, actions, and claims arising out of or in any way connected with the activities permitted under an operator permit.*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed Name:**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title (Authority to execute)**  **STATE OF FLORIDA)**  **COUNTY OF DUVAL)**  **The foregoing affidavit was sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_**  **(month), \_\_\_\_\_\_\_\_ (year), by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me or has produced.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Notary Signature & Seal)** |

**APPLICATION CHECKLIST**

The following checklist reflects the basic application package required for submission of an Application for Permit to Operate an Ice Cream Truck. Please check each box below. Attach this signed and dated checklist to the front of the Application*.*

Completed **Application for Permit to Operate an Ice Cream Truck selling prepackage goods only** and signed sworn affidavit by Applicant.

**Attachment #1 – Copy of Applicant’s Social Security card**

**Attachment #2 – Copy of Applicant’s Driver’s License**

**Attachment #3 – Photo of vehicle (ice cream truck)**

**Application Fee of $100.00, payable to “City of Jacksonville”**

**Note: A Street Vendor Permit and Business Tax License is required and issued by the Duval County Tax Collector’s Office.**

***I attest by my signature that all required information for this Application for Permit to Operate an Ice Cream Truck selling prepackaged goods only is completed and duly attached in the above-referenced order. If the package is found to be lacking the above requirements, I understand that the application packet will be returned for incorrect submission. I further acknowledge that if my application is found insufficient due to inaccurate or inadequate information, the application may be revoked, denied or I may be required to resubmit the application packet along with an additional application fee.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**(Signature of Applicant) (Date)**

**INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKET FOR PERMIT TO OPERATE AN ICE CREAM TRUCK SELLING PREPACKAGED GOODS ONLY**

**Application Directions:**

1. **General Information on Applicant/Operator**:
2. **Applicant’s legal name**
3. **Applicant’s Aliases and/or Nicknames**
4. **Applicant’s current mailing address**
5. **Applicant’s Social Security number** (attach copy)
6. **Applicant’s Date of Birth**
7. **Applicant’s Phone Number and Email Address**
8. **Applicant’s Florida Driver’s License Number and any other states** (attach copy of FL Driver’s License)
9. **List any States that the Applicant has or had a Driver’s License**
10. **Name of the company that the Applicant is operating the ice cream truck. Include company address, phone number and person of contact at that company.**
11. **List the make, model, year and vin number for each ice cream truck that will be driven by Applicant** (attach photo of each truck)**.**
12. **Applicant Background Information:**
13. **Applicant is to check the appropriate box to the question “have you ever been convicted of a crime?”**
14. **If the Applicant has been convicted of a crime(s) list each conviction and include date and jurisdiction.** “Conviction” means a determination of guilt in a criminal case by a court of competent jurisdiction, regardless of whether the defendant pled guilty, no contest, or nolo contendere, was found guilty by a judge or jury, or had adjudication withheld.
15. **Sworn Affidavit:**
16. **Applicant is to verify in the presence of a Notary that all the information in this application including any attachments, are true and accurate.** If the Applicant personally submits the application to the Office of Consumer Affairs, a Notary will be provided if needed.

**Fees:**

**Application Fee:** Applicant must submit a non-refundable Application Fee of $100 with the Application Packet. Fee is payable to City of Jacksonville.

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