



FOOD TRUCK ANNUAL REGISTRATION - 2021

Submit to: City Hall, Administration Office, 631 Perry Street, Defiance, OH 43512 | 419.784.2101

CONTACT PERSON/NAME: _____

FOOD TRUCK NAME: _____

VENDOR NUMBER: *(With County or State)* _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: (____) _____ - _____ EMAIL: _____

<p style="text-align: center;"><u>VENDOR:</u></p> <p style="text-align: center;">Annual Registration Fee: \$50 Daily Pass \$10 (Electric) Yearly Pass \$200 (Electric)</p> <ul style="list-style-type: none"> ✓ Register with the City ✓ Provide proof of Liability Insurance <small>(Must list City of Defiance as Certificate Holder)</small> ✓ Fire Department Inspection ✓ Health Department Information: County _____ License No. _____ <p style="text-align: center;">Cash or check accepted, payable to: City of Defiance</p>	<p style="text-align: center;"><u>(CITY USE ONLY)</u></p> <p style="text-align: center;"><u>FOOD TRUCK SET UP:</u></p> <p>(3 locations available - 2 outlets are available with 220 amp)</p> <ul style="list-style-type: none"> • State Bank (in front of) • Triangle Park • Splash Pad – Bronson Park <ul style="list-style-type: none"> <input type="checkbox"/> Registered <input type="checkbox"/> Copy of Current Liability Insurance <input type="checkbox"/> Fire Department Inspection: ____/____/____ <input type="checkbox"/> Monthly/Yearly Calendar Submitted <input type="checkbox"/> Annual Sticker Received # _____
<p><i>The City of Defiance reserves the right to reject and/or amend any registration issued.</i></p>	

I acknowledge that the City of Defiance accepts no responsibility for accidents, stolen and damaged property, and/or injuries to person or persons occurring prior to, during, or after set up of food truck and pledge to indemnify and hold the City of Defiance, Ohio harmless for any such occurrence.

Signature:

Date:

(CITY USE ONLY) CITY APPROVAL: (CITY USE ONLY)

_____ CITY ADMINISTRATOR	_____ (DATE)
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