



DANIEL HARRIGAN, MAYOR

CITY OF AKRON
Treasury/License Division
166 S High St., Room 505
Akron, OH 44308
(330) 375-2484

ICE CREAM TRUCK APPLICATION
(Please Print)

City of Akron Income Tax #

Business Name _____

Business Location/Address _____ Phone # _____

Owner's Name _____

Owner's Address _____ Phone # _____

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 & 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 the 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