



# ***THE CITY OF EAST CLEVELAND***

OFFICE OF THE MAYOR

## **APPLICATION FOR TEMPORARY FOOD VENDORS LICENSE**

(5 days or less)

Date: \_\_\_\_\_

Business/Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Contact Mailing Address \_\_\_\_\_  
Contact Telephone Number \_\_\_\_\_  
Date(s) of Vending/Event \_\_\_\_\_  
Start/Ending time of Vending/Event \_\_\_\_\_  
Vending/Event Location \_\_\_\_\_  
Product to be sold \_\_\_\_\_  
Approximate quantity to be sold \_\_\_\_\_

This application must be completed in its entirety and returned with the license fee at least ten (10) business days before the event. This application must be accompanied by a valid License to Conduct a Temporary Food Service Operation from the Cuyahoga County Board of Health.

**Ordinance 729.12**

\_\_\_\_\_  
Signature of Authorized Agent

\*\*\*\*\*  
\*\*\*\*\*

### **Approved:**

Chief of Police: \_\_\_\_\_ Date \_\_\_\_\_

Mayor: \_\_\_\_\_ Date \_\_\_\_\_

Original to: Finance Department  
cc: Police Department  
Building Department  
Mayor's Office

***“A Community of Achievement”***