



Tooele City Corporation
90 North Main, Suite 108
Tooele, UT 84074
(435) 843-2110
businesslicense@tooelecity.org

FOR OFFICE USE ONLY	
Business License#:	_____
Date:	_____

ICE CREAM TRUCK INSPECTION SHEET

Business Name: _____

Business Owner: _____

Phone: _____ **E-Mail:** _____

5-22-4 Required Equipment that Ice Cream Truck shall be equipped with:

- Signal Lamps:** Mounted at the same level and as high and as widely spaced laterally as practicable. These lamps shall be five to seven inches in diameter and shall display two alternately flashing amber lights visible from the front and rear of the vehicle, both lights visible at 500 feet in normal sunlight upon a straight and level street.
- Convex Mirror:** Mounted on the front so the driver in a normal seating position can see the area in front of the truck obscured by the hood.

NOTE: (As per 5-22-5. Inspection) Every ice cream truck shall be subject to City inspection once each year prior to its use in the City for the purpose of determining whether it complies with this Chapter and other applicable state and local laws.

APPROVALS:	COMMENTS:								
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">_____ Inspector</td> <td style="border: none; width: 20%;">_____ Date</td> </tr> <tr> <td style="border: none;">_____ Business License Specialist</td> <td style="border: none;">_____ Date</td> </tr> <tr> <td style="border: none;">_____ Fire Department (IF REQUIRED)</td> <td style="border: none;">_____ Date</td> </tr> <tr> <td style="border: none;">_____ Health Department (IF REQUIRED)</td> <td style="border: none;">_____ Date</td> </tr> </table>	_____ Inspector	_____ Date	_____ Business License Specialist	_____ Date	_____ Fire Department (IF REQUIRED)	_____ Date	_____ Health Department (IF REQUIRED)	_____ Date	_____ _____ _____ _____ _____
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Each ice cream vendor must respond to the following questions regarding disqualifying conditions:

(Chapter 22. Ice Cream Trucks; 5-22-3.1 (a)(b)(c)(d). Application for license)

Business Name: _____

Name of Vendor: _____ Phone: _____

Former Name or aliases used: _____
(In last 10 years, if any)

Has the applicant been criminally convicted of felony homicide, physically abusing, sexually abusing, or exploiting a minor, sale or distribution of controlled substances, or sexual assault of any kind? [] YES [] NO

Are any criminal charges currently pending against the applicant for felony homicide, physically abusing, sexually abusing, or exploiting a minor, sale or distribution of controlled substances, or sexual assault of any kind? [] YES [] NO

Has the applicant been criminally convicted of a misdemeanor within the past five (5) years involving a crime of moral turpitude, or violent or aggravated conduct involving persons or property? [] YES [] NO

Is the applicant currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction? [] YES [] NO

5-22-3 License and Insurance (REQUIRED & copies given to Business License Specialist with Application):

- Public Liability Insurance** in an amount of **not less than \$1 million for injuries**, including those resulting in death, resulting from any one occurrence and on account of any one accident
- Property Damage Insurance** in an amount of **not less than \$100,000 for damages** on account of any one accident or occurrence.