



**Mobile Vending Permit Application** Division of Assessments and Licenses City of Cleveland  
 (Outside Central Business District) Division of Assessments and Licenses  
 601 Lakeside Avenue, Room 122  
 Cleveland, Ohio 44114

LUNU24-00030

RECEIVED BY  
 JUN 24 2024

Phone: (216) 664-2264

Hours of Operation:  
 8:00 a.m. to 4:30 p.m. Weekdays

dallicenses@clevelandohio.gov

Date: 6/24/24 Fee: \$100.00 per Vending Device (Fee is Non-Refundable)

**SECTION A - TYPE OF VENDOR**

MERCHANDISE OR PRE-PACKAGED FOODS & BEVERAGES  SUBSCRIPTIONS OR SERVICES  PRE-PACKAGED FROZEN DESSERTS (AFFIDAVIT & BCI MUST BE ATTACHED)

Ward #'s of Intended Vending: Wards 1-17

# of Vending Devices to be operated: 1

Are you operating Door-to Door? NO

Name: Mark Smith

Address: 3954 Victory Blvd

City: Cleveland State: Ohio Zip: 44111

Telephone #: Email:

Date of Birth: Social Security Number:

Eye Color: Brown Hair Color: Black

Weight: 214lbs Height: 6-1"

**SECTION B - CORPORATION / BUSINESS INFORMATION**

Name: Kulture Klash Sweet Treats

Address: 3954 Victory Blvd

City: Cleveland State: Oh Zip: 44111

Telephone #: 216 288 0997 Email: macclias-s@ymhoo.com

Federal ID Number: 92-8839423

Are you operating Door-to Door? NO

If yes, will you have representatives on the street? How many?

**SECTION C - QUESTIONNAIRE**

Detailed description of each vending device (if different): Mobile truck

Detailed description of products sold, offered or displayed: Popsicles, ICE CREAM sandwiches, CONES

Food Service or Retail Food license number (attach copy): JABE-C48NR4

**SECTION D- DECLARATION**

Applicant hereby acknowledges that he/she has read and understands Codified Ordinances §675.02 (Street Vendors License Required), §675.04 (Permits Required), §675.08 (Permit: Mobile Vending Outside the Central Business District), §675.09 (Regulations Governing Vendors), §675.10 (Revocation or Suspension of License or Permit; Appeals), and §675.99 (Penalty) and understands the obligations of a Street Vendor under this Chapter.

**SIGNATURE OF APPLICANT**

*Mark Smith*

**OFFICE USE ONLY**

DAL	Ordinance #: (copy must be attached)	Date Passed: Effective Date:
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Ohio

USA

Mike DeWine, Governor

Charles L. Norman, Registrar

DRIVER LICENSE

NOT FOR FEDERAL ID

40NO

1,2 SMITH  
MARCELLOUS D

8

CLEVELAND, OH 44102

9 CLASS 4 EXP

D 02-15-2028

10 END

12 REST

A

15 SEX 16 HGT 18 EYES

M 6-01 BRO

49 SS 02-05-2022

500-REF C24128908

RW097230

02-15-2028



*MyL*





CITY OF CLEVELAND  
Mayor Frank G. Jackson

# VENDOR IDENTIFICATION BADGE PREPACKAGED FROZEN DESSERT VENDOR AFFIDAVIT

CITY OF CLEVELAND  
DEPARTMENT OF FINANCE  
Division of Assessments & Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: 216.664.2264

Hours of Operation  
8am to 5pm Weekdays

DALLicenses@city.cleveland.oh.us

Pursuant to Section §675.09 of the Codified Ordinances of the City of Cleveland, please indicate if you have ever been charged, convicted of, or pled guilty to any of the following offenses.

OFFENSE	CHARGED			CONVICTED		
	Yes	No	N/A	Yes	No	N/A
An offense involving a minor.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sexual oriented offense, including but not limited to: corruption of a minor; sexual imposition; importuning; voyeurism, public indecency; procuring; soliciting; prostitution; loitering for the purpose of engaging in prostitution; disseminating material harmful to juveniles; deception to obtain material harmful to juveniles; possession of obscene material involving a minor; possession of sexually oriented material involving a minor; possession of nudity-oriented material involving a minor; displaying matter harmful to juveniles.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assault within seven (7) years after service of sentence, conviction or guilty plea.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unlawful possession of weapons within five (5) years after conviction or guilty plea.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A homicide offense in Ohio under Revised Code Chapter §2903 or a substantially similar homicide offense under any municipal or state law.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following section must be completed for all of the above questions that were answered YES and for all other offenses that you have been cited, charged, arrested or convicted. Include traffic violations, felony and misdemeanor charges and/or convictions.

Date of Charge	Type of Offense	City, State of Charge/Conviction	Fine/Sentence
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Attach an additional sheet if necessary

I declare under penalty of perjury that the above information is true and correct. I understand that if this information is found to be fraudulent, the license/permit issued in association with this statement will be revoked. Applicant hereby acknowledges that he/she has read and understands Codified Ordinances, §675.09 (Regulations Governing Vendors) and understands the obligations of a person vending pre-packaged frozen desserts with the City of Cleveland under this codified ordinance.

State of Ohio  
County of Cuyahoga ss:

I, MARCELUS Smith, the Applicant, being first duly sworn, depose and state that the answers to the foregoing questions and other statements contained herein are true and correct to the best of my knowledge and belief.

Sworn to before me, and subscribed in my presence, this 21st day of June, 2024.

Notary seal

*Janice Lynn Gibbs*  
Notary Public



JANICE LYNN GIBBS  
Notary Public  
State of Ohio  
My Comm. Expires  
July 24, 2024

X *M. Smith*  
Applicant Signature

**RECEIPT**

CITY OF CLEVELAND  
CITYWIDE PERMIT SYSTEM  
601 LAKESIDE AVENUE  
CLEVELAND, OH 44114

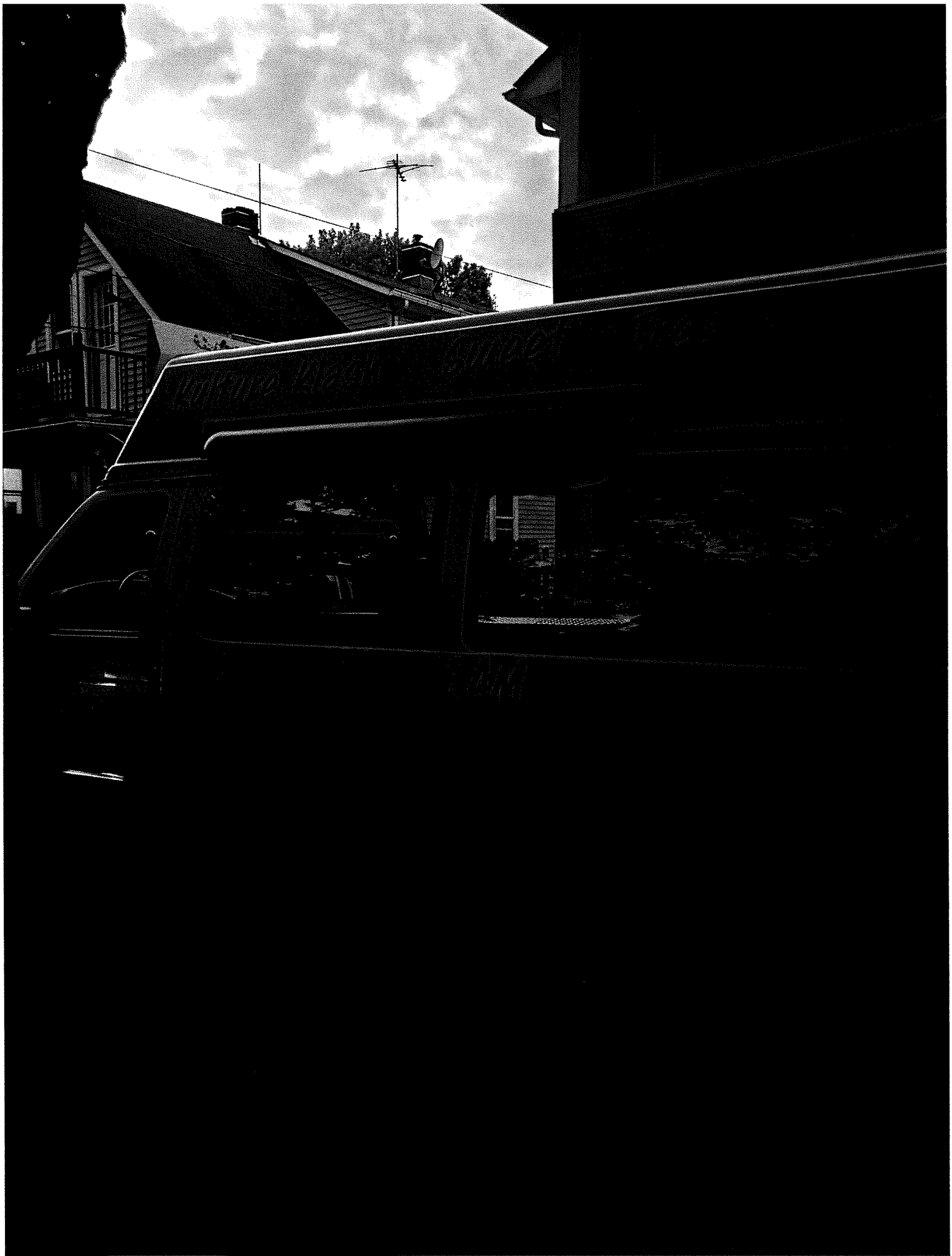
**Application:** MFL21-00210  
**Application Type:** PublicHealth/Mobile Food/License/NA  
**Address:** 7701 BERRY, CLEVELAND, OH

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<b>Receipt No.</b>	1311801						
<b>Payment Method</b>	<b>Ref Number</b>	<b>Amount Paid</b>	<b>Payment Date</b>	<b>Cashier ID</b>	<b>Cash Drawer ID</b>	<b>Received</b>	<b>Comments</b>
Credit Card		\$388.00	06/24/2024	FHILL			

**Work Description:** MOBILE FOOD SERVICE LICENSE







St. Michael's  
CASH ADD

KULTURE

KLASH

Sweet Treats





