Mobile Food Vendor License Application

All applications, licenses and permits are subject to approval.

| Type of vendor | Owner's name * |
| :--- | :--- |
| $\square$ Food Vendor | $\square$ |

## Owner's Address

$\square$

## Vehicle Operator *

$\square$

Operator's Phone Number*
$\square$

State or County Health Department License or Permit Number*
$\square$


Illinois Department of Revenue Certificate of Registration Number *
$\square$

A copy of the following documents are required: Operators Photo ID or Drivers License, Vehicle Registration with VIN, Health Department License, Illinois Department of Revenue Certificate of Registration, Insurance, Property Owner's Written Permission and any additional Licenses held.

Signature and Date *
$\square$

I certify that the information provided is true, accurate, and complete. I understand that the completion of this application does not guarantee approval *
$\square$ Yes

For Office Use Only Filed this $\qquad$ day of $\qquad$ 20 $\qquad$ . $\qquad$
$\qquad$ License: $\qquad$ Fee:\$ $\qquad$ Effective Dates: $\qquad$

