

## Mobile Food Vendor License Application

All applications, licenses and permits are subject to approval.

Type of vendor	Owner's name *		Owner's Phone Number *
☐ Food Vendor ☐ Ice Cream Truck			
Owner's Address		Owner's Email Addres	s
Vehicle Operator *		Operator's Address	
Operator's Phone Number *	Operator's Email	Operator's Photo ID or Driver's License Number *	Vehicle License and Registration with VIN Numbers *
State or County Health Department License or Permit Number *	Illinois Department of Revenue Certificate of Registration Number *	What are the dates of sale and where do you intend to do business?	
Registration with VIN, H	documents are required: Ope ealth Department License, II	linois Department of Revenu	ie Certificate of
Registration, Insurance, Property Owner's Written Per Signature and Date *		I certify that the information provided is true, accurate, and complete. I understand that the completion of this application does not guarantee approval *	
For Office Use Only F	iled this day of	Yes	
Date of issue:	_icense: Fee:\$	City Clerk Effective Dates:	