



MOBILE FOOD VENDOR LICENSE APPLICATION

APPLICANT INFORMATION

APPLICANT NAME _____
(first) (middle) (last)

HOME ADDRESS _____
(street) (city) (state) (zip)

HOME PHONE () _____ CELL () _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ M () F ()

DRIVER'S LICENSE NUMBER _____ STATE _____

Has applicant ever been convicted of a violation of any of the provisions of this article? Yes () No ()

Has applicant ever been convicted of a felony under the laws Of Illinois or any State in the Union? Yes () No ()

Current Employment Information

EMPLOYERS NAME _____

EMPLOYERS ADDRESS _____
(street) (city) (state) (zip)

EMPLOYERS PHONE () _____

VENDOR BUSINESS INFORMATION

VENDOR BUSINESS NAME _____

VENDOR BUSINESS ADDRESS _____
(street) (city) (state) (zip)

VENDOR BUSINESS PHONE () _____

STATE OF ILLINOIS SALES TAX NUMBER _____

ADAMS COUNTY HEALTH DEPARTMENT NUMBER _____

TYPE(S) OF FOODS SOLD _____

VENDING AREA(S) _____

APPLICATION TIME PERIOD _____

VEHICLE INFORMATION

NAME ON VEHICLE _____ VIN # _____

LICENSE PLATE # _____ MAKE/MODEL _____

I certify that I intend to conduct all mobile vending operations in compliance with City ordinances.

(Signature) (Printed Name) (Date)

Approved this _____ day of _____

CITY CLERK