



# 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