

CITY OF MENDOTA MOBILE FOOD VEHICLE PERMIT APPLICATION

LICENSEE/OWNER INFORMATION

Name of Mobile Food Vehicle Owner:				
Type of Ownership:	Sole Proprietorship	Partnership	Limited Liability Company or Corporation	Not-for-Profit Organization
Vehicle Business Name (doing business as):				
Business Address: (include City/State/Zip)				
Business Telephone:			Business Email:	
Illinois Business Tax (IBT) #:			FEIN:	
Name of Manager or Main Contact Person:				
Manager/Main Contact Person Home Address: (include City/State/Zip)				
Manager/Contact Person Telephone:			Manager/Contact Person Email:	

MOBILE FOOD VEHICLE INFORMATION

Make:	Model:
Vehicle Identification Number (VIN#):	License Plate Number:

The following items are included with this Mobile Food Vehicle Permit Application:

<input type="checkbox"/> Proof of registration for the mobile food vehicle <input type="checkbox"/> A copy of the applicant's current LaSalle County Health Dept. Annual Permit - if permit expires before 4/30/23, new certificate must be received by this office when issued to avoid permit invalidation.	<input type="checkbox"/> Certificate of insurance meeting City requirements Mobile food vendors must carry, at their own cost and expense, comprehensive and general liability and casualty insurance related to its operation within the City of Mendota, including food service, restaurant operation, and vehicle operation, with minimum policy limits of one million dollars (\$1,000,000.00) per occurrence.
--	---

LOCATION / OPERATING SCHEDULE

Please list all locations, dates/days, and times of operation below (attach separate sheet if necessary):

OPERATING LOCATION(S)	APPROXIMATE TIME (DATES/DAYS) AT LOCATION

The following items are included with this Mobile Food Vehicle Permit Application:

<input type="checkbox"/> Mobile Food Unit Restroom Agreement(s)	LaSalle County requires food trucks that do not have on-board restrooms and are parked at the same location for 2 or more hours have restroom facilities located within 200 feet.
---	---

One of the following:

\$200 Yearly Vehicle Permit Fee	\$50 - Sweet Corn Festival Vendor (Thursday-Sunday)
\$50 Special Event Fee (other than Sweet Corn Festival)	
\$0 Not-for-Profit Organization - documentation may be required	

ATTESTATION & SIGNATURE

I attest to the best of my knowledge and belief, that the information stated in this application and in all supporting documents is true and accurate. In addition, by my signature below, I hereby consent and authorize the City and the LaSalle County Health Department to share, on a continuing basis, all information relevant to the mobile food vendor's application and business, as well as any enforcement actions or other proceedings initiated by the LaSalle County Health Department in connection with or against said mobile food vendor.

Signature of Applicant:	Date:
Printed Name of Applicant:	Title: