

## Mobile Food Vendor Permit Application City of Loves Park



### Business Information

Name of

Business: \_\_\_\_\_

Commissary Address (Base of Operation): \_\_\_\_\_

Loves Park Business License #: \_\_\_\_\_

City of Loves Park Sales Tax ID #: **101-0014-8** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

Operator's Driver's License State/#: \_\_\_\_\_

Mobile Food Vendor Vehicle License Plate State/#: \_\_\_\_\_

### Owner(s) Information

<u>Name</u>	<u>Address (Personal)</u>	<u>Cell Phone</u>

### Proposed Vending Location and Times

Location (Address): \_\_\_\_\_

\*Property Owner Name: \_\_\_\_\_

Days/Hours of Operation(refer to chart below):

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

**\*Copy of signed agreement between Mobile Food Vendor and property owner required**

**Required Documents and Fees to be attached to permit application:**

- *Copy of the County Health Department Certificate*
- *Copy of agreement with property owner*
- *Signed agreement with property owner that employees have restroom accessibility*
- *Site plan including photo of site*
- *Description of food, food type, and menu if applicable*
- *Equipment list*
- *Description of trash, recycling, and litter removal plan*

**Fee Schedule:**

Y \$100.00 per month x \_\_\_\_\_ months = \$ \_\_\_\_\_

Y \$30.00 for 1 day = \$ \_\_\_\_\_

Y \$75.00 for 4 days = \$ \_\_\_\_\_

**Certification:**

*I certify that all information submitted in this application, including the attached documents, are accurate to the best of my knowledge.*

**Applicant:** \_\_\_\_\_

**Name**

**Signature**

**Date**