

Mobile Food Vendor Permit Application City of Loves Park



Business Information

Name of

Business: _____

Commissary Address (Base of Operation): _____

Loves Park Business License #: _____

Federal ID #: _____ State Sales Tax ID #: _____

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:

- \$100.00 per month x _____ months = \$ _____*
- \$30.00 for 1 day = \$ _____*
- \$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