



Food Truck Permit # _____
Date Issued _____

Mobile Food Vendor/Food Truck Vendor Application

Business Information

Business Name: _____

Business Address: _____

Federal Employer Identification Number (FEIN): _____

Owner's Name: _____ Owner's Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____ Okay to text? ☐ YES ☐ NO

Email Address: _____

On-Site Contact Name: _____ Phone Number: _____

Vending Information

☐ SPECIAL EVENT ☐ FIXED POINT

Description of foods to be sold (please include a copy of the menu):

Dates/Days requested for vending: _____

Hours of operation: _____

Vending location: _____

If application is for a Special Event, is a tent or other temporary structure being erected or used? ☐ YES ☐ NO

Has the applicant ever been convicted of the commission of a felony under the laws of the State of Illinois or any other state or federal law of the United States? ☐ YES ☐ NO

If yes, please provide what, when and where:

Documents to be provided with application

- _____ Copy of business license
 - _____ Copy of Health Department Permit
 - _____ Certificate of Insurance
 - _____ Copy of Illinois Retailer Certificate
 - _____ Copy of valid Vehicle Registration for all vehicles
 - _____ Written permission from the property owner, for fixed point
 - _____ Application Fee: \$250 annually, \$50 monthly, \$50 annually for Special Events
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By signing this application form, you agree to the following:

- Mobile food vendors allowed from May through October. Exception may be made for Special Events.
- Parking only on sites approved by the property owner or the Village of Shabbona.
- Noise from mobile food vendor, including, but not limited to, generators and music, shall not exceed 75 decibels as measured ten feet from any part of the mobile food truck.
- Collect all trash and debris resulting from the operation of the mobile food vendor business.
- Properly dispose of all grease, litter, and waste generated by operation of mobile food vendor business.
- Be present at all times during posted or advertised operating hours. Temporary closure for the purpose of restocking or otherwise carrying out tasks necessary for continued operation shall be permitted.
- Extension cords may not be used in a manner as to cross a public right-of-way or sidewalk, with exception of special events and then all cords must be properly secured.
- Shall not conduct any major repairs or disassembly of a vehicle or trailer directly at the site of operation.
- Shall not operate any closer than 250 feet from any restaurant without first receiving permission in writing from that restaurant.
- Shall abide by any and all other federal, state, and local laws, ordinances, and regulations applicable to mobile food vendors.
- Operating in any designated area which is in a public street, road, or right-of-way, following rules apply:
 - Double parking is not allowed.
 - The mobile food truck shall be parked within 12 inches of the curb if possible, but no more than 24 inches from the curb.
 - No portion of the mobile food truck or adjacent service area may block, obstruct, or interfere with vehicular, bicycle, or pedestrian traffic.
 - The mobile food vendor is responsible to ensure that no congregation of persons around the truck creates an obstruction or safety hazard to passersby, whether vehicular, bicycle, or pedestrian.
- Vendor is responsible to repair all damage of public or private property to original condition.
- Any violations shall result in fines and vendor may be asked to leave the Village of Shabbona.

I UNDERSTAND ANY MISREPRESENTATIONS SUBMITTED MAY BE CAUSE FOR DENIAL AND REVOCATION OF THE LICENSE. THE UNDERSIGNED DOES HEREBY SWEAR OR AFFIRM, UNDER PENALTIES OF PERJURY, THAT ALL STATEMENTS IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION AND THAT I HAVE PERSONALLY READ EACH AND EVERY QUESTION AND ANSWERED EACH AND EVERY QUESTION IN THIS APPLICATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF SHABBONA TO ISSUE THE LICENSE HEREIN APPLIED FOR; AND THAT THE PERSON OR PERSONS APPLYING FOR SUCH LICENSE ARE ALL OF GOOD MORAL CHARACTER AND HAVE NOT BEEN CONVICTED OF A FELONY; THAT IF A LICENSE IS GRANTED HEREUNDER, THE UNDERSIGNED WILL REVIEW AND NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, THE VILLAGE OF SHABBONA, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS AND THE CIVIL RIGHTS SECTIONS THEREOF AND IS NOT DISQUALIFIED BY REASON OF ANY MATTER OR THING CONTAINED IN THIS DOCUMENT.

Signature of Applicant: _____ Date: _____

PERMIT #: _____ Expiration Date: _____

PERMIT ISSUED BY: _____ Date: _____

Permit must be displayed on the vehicle when vending food.

Submit Application to:

Village of Shabbona - Village Clerk

MAIL:

PO Box 263

Shabbona, IL 60550

EMAIL:

shabbonaclerk@gmail.com

For Village Office Use Only:

\$ _____ Fee Paid ____ Monthly \$50 ____ Annually \$250 ____ Special Event \$50 annually)

Date Received by Village Clerk _____

- ☐ Application
- ☐ Copy of Business License
- ☐ Copy of Health Dept Permit
- ☐ Insurance Certificate
- ☐ Copy of Illinois Retailer Certificate
- ☐ Copy of valid Vehicle Registration for all vehicles
- ☐ Written Permission from property owner for Fixed Point
- ☐ Written Permission from permanent restaurant within 250'
- ☐ Completed Consent to Background Check form for each applicant, driver, or operator

Date Permit Issued _____

Permit No. _____

CONSENT TO CONDUCT BACKGROUND CHECK

TO WHOM IT MAY CONCERN

I authorize and empower the Village of Shabbona and its agents, employees, or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, credit history, and all other information which may bear favorably or unfavorably upon my application for a Mobile Food Vendor license made to the Village of Shabbona. I further release from liability any person or persons providing or receiving any such information in connection with this pre-licensure investigation. Upon written request I understand that the DeKalb County Sheriff will provide me with information regarding the scope of the investigation if one was/is made.

Printed Name: _____

Address: _____

Signature: _____

Date: _____