



CITY OF DANVILLE
 17 W. Main St., Danville, IL 61832
 City Clerk's Office, (217) 431-2304
 cityclerk@cityofdanville.org

Please allow 5-7 business days for processing.
 Fee: \$600.00 Annually/Non-refundable

MOBILE FOOD TRUCK LICENSE APPLICATION

LICENSING PERIOD: MAY 1ST THRU APRIL 30TH

Chapter 115.05

“MOBILE FOOD TRUCK”. A self-contained food service operation, located in a readily movable, motorized, wheeled or towed vehicle, used to store, prepare, display or serve food intended for individual portion service.

PLEASE PRINT LEGIBLY OR TYPE:

• D/B/A or Assumed Business Name: _____

• Name of Applicant or Principal Owner of Business:

Last First M.

D.O.B.: ____/____/____ SSN: XXX-XX-____ Phone # () _____

• Home Address: _____

Street City State Zip

• If Applicant has resided at a different address other than above for the preceding year list below:

Street City State Zip

• Email Address: _____

• Applicant's current occupation and employment during the preceding year: _____

• Have you at any time been found guilty of any violation of Chapter 115? Yes ____ No ____

• Are you delinquent in the payment of any tax owing the City of Danville or State of Illinois? Yes ____ No ____

If yes, explain: _____

• Permanent Business Address: _____

• List the date you plan to start operating your business: _____

- List the location(s) in which you intend to do business: _____
- List the description and license plate numbers of any vehicles or other means of transportation of goods you intend to use in the course of your business in the City:

- List the full names of any others you intend to employ, or that will assist you in the operation of your business. Attach a copy of their government issued photo ID: (Include additional page if necessary)

_____	_____	____/____/____	XXX-XX-____-____-____
<i>Last Name</i>	<i>First Name</i>	<i>D.O.B</i>	<i>SSN</i>
_____	_____	____/____/____	XXX-XX-____-____-____
_____	_____	____/____/____	XXX-XX-____-____-____
_____	_____	____/____/____	XXX-XX-____-____-____

- List all licenses/permits to operate as a mobile food vendor you have obtained in this State in the twelve months preceding the date of filing:

- Attach Proof of Insurance for each vehicle. _____
- Attach a copy of your Certificate of Registration under the Illinois Retailers' Occupation Tax Act. _____
- Attach a complete inventory of the goods you intend to offer for sale. _____
- Attach a copy of your Vermilion County Health Department Food Permit. _____

By signing below, I attest the foregoing information is true and correct to the best of my knowledge:

Print Name: _____ Signature: _____ Date: _____

OFFICE USE

Date Application Rcvd _____	By _____	Date Paid _____	Year _____	Lic. # _____
Grants & Planning Mgr. _____	Approved: Yes _____ No _____	Date: _____		
Chief of Police: _____	Approved: Yes _____ No _____	Date: _____		
Mayor: _____	Approved: Yes _____ No _____	Date: _____		