

VILLAGE OF SUMMIT
7321 W. 59th Street Summit, Illinois 60501
708-563-4800/FAX 708-563-9340

TEMPORARY MOBILE FOOD VENDOR LICENSE APPLICATION

***Applications MUST be submitted to the Office of the Village Clerk
no fewer than 45 business days prior to event in order to be approved***

DATE SUBMITTED: _____

ORGANIZATION NAME: _____

ADDRESS OF ORGANIZATION: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

CONTACT PHONE: _____

FEIN #: _____

LOCATION OF EVENT: _____

TERM OF LICENSE: _____ 7 days _____ June 1 through September 30

TIME OF EVENT: _____ Beginning: _____ Ending: _____

DESCRIPTION OF VEHICLE AND LICENSE PLATE NUMBER: _____

Number of people expected to attend event: _____

Describe nature of business (type of mobile vendor) and theme of the event: _____

WRITTEN CONSENT OF OWNER OF PROPERTY AND DOCUMENTATION EVIDENCING SAME
PROVIDED: _____ Yes _____ No

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OWNER INFORMATION

Name of Owner: _____

Address of Owner: _____

City / State: _____ Zip Code: _____

Phone #: _____ Date of Birth: _____

LIST TWO CONTACT PERSONS ON THE DATE OF THE EVENT:

Name	Phone
1)	
2)	

Has the Applicant (or any officer, director, or shareholder of the Organization) ever been convicted of a felony, or violation of any alcoholic liquor or gambling laws?

____ Yes ____ No

If yes, please explain:

Signed Hold Harmless Statement provide by Applicant: ____ Yes ____ No

Signed Statement by Applicant as to cleaning and sanitizing practices provided: ____ Yes ____ No

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CERTIFICATE OF INSURANCE MUST BE PROVIDED

Certificate of Insurance (proof of liability) Provided: _____ Yes _____ No

APPLICANT SIGNATURE (All applications must be signed):

Position with Organization: _____ Date: _____

The applicant hereby affirms the matters in this Temporary Mobile Food Vendor License Application are true and correct and are made from personal knowledge and information and the applicant is qualified and eligible to obtain the approval required for the event. The applicant further affirms that the applicant and Organization meets all the statutory requirements to apply for and hold an Illinois Health Inspection Certificate and will not violate the laws of the United States, the State of Illinois, the County of Cook, nor the Village of Summit, and all agencies thereof.

For Office Use Only

FEE: \$100 LICENSE NUMBER: _____