



APPLICATION #: _____
Assigned by City Clerk's office

CITY OF EARLVILLE **Application for Permit as a** **Mobile Food Truck**

Personal Information

Name _____

Phone # _____ Email address _____

Company Information

Company Name _____ Company Phone Number _____

Company Address _____

State of Illinois Tax ID# _____

Mobile Unit: Truck ___ Trailer ___ Cart ___ Year ___ Make ___ Model _____

Color: _____ License Plate #: _____ VIN: _____

ALL ANSWERS ON THIS APPLICATION ARE UNDER OATH AND ARE SUBJECT TO THE PENALTIES FOR PERJURY.

- ❖ Vendor shall furnish a certificate of insurance showing that it maintains such public liability, food products liability, and property damage insurance as will protect Vendor, property owners, and the City from all claims for damage to property or bodily injury, including death, which may arise from the operations under the permit or in connection therewith. Such insurance shall provide coverage of not less than one million dollars (\$1,000,000.00) per occurrence. The policy shall further provide that it may not be cancelled except upon a thirty (30) day written notice served upon the City. The Vendor, applicant(s), and any employee(s) or agent(s) that will be operating the mobile vendor unit shall also submit proof of automobile liability insurance. A permit issued pursuant to the provisions of this Section shall be invalid at any time the insurance required herein is not maintained and evidence of continuing coverage is not filed with the City.
- ❖ If applicant is selling food items a copy of the required County Health Department Permit must be attached to the application
- ❖ A copy of a driver's license (or state issued ID or passport) is required for the applicant and each individual acting on behalf of or working for the applicant.
- ❖ Vendor or Itinerant Merchant shall hold harmless the city and its officers and employees, and shall indemnify the city, its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of the permit.
- ❖ By signing this application, you are authorizing the City of Earlville to perform a background check.

Original Signature of Applicant

Date

Completed Application for Permit and all supporting documentation shall be turned into the City Clerk's Office at 210 W. Railroad St., Earlville, IL 60518, no less than 15 days prior to permit issuance.

All incomplete applications will be denied.

_____ Annual Fee \$ 100.00 (valid from January 1st thru December 31st)

_____ Single Event Permit Fee \$ \$50.00 Date of Event: _____

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FOR OFFICE USE ONLY:

Permit Fee Received By: _____ on _____

Permit fee of \$ _____ Payment Type: Cash _____ Check _____ Debit/Credit Card _____

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TO BE COMPLETED BY THE MAYOR:

_____ All sections of application filled out

_____ Copy of Driver's License(s) or State Issued ID(s) or Passport provided

_____ Proper Certificate of Insurance provided

_____ Location verified in compliance with Ordinance guidelines

_____ Written consent from private property owner, if applicable

_____ Completed and approved background checks attached

_____ Copy of County Health Department Permit, if applicable

Permit Approved on: _____ Permit Denied on: _____ By: _____

Notification of Approval/Denial given by: Phone _____ Mail _____ In Person _____, on _____

By: _____
(signature)

BACKGROUND CHECK WAIVER FORM

The facts set forth in my application for a:

Vendor ___ Itinerant Merchant ___

Are true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or willful omission shall be sufficient reason for denial of the permit.

I hereby authorize investigation of all statements contained in my recent application and/or original application with your firm regarding my personal history, financial and credit record, employment, education, criminal history, if any, or driving history through an investigative agency of your choice.

I hereby state that I have not been convicted in the past four years of a felony, any sex offense as defined in Chapter 720, Act 5, Article 11 of the Illinois Compiled Statutes, or any of the following crimes as defined in said Chapter 720: assault, deception, criminal damage to property, criminal possession of any dangerous or narcotic drug, or disorderly conduct. I certify the above to be true and correct to the best of my knowledge and that I shall not violate any state laws of the State of Illinois or the ordinances of the City of Earlville.

I hereby release from liability your company and all agents of your company of their acts performed in good faith and without malice in connection with evaluating my application, my credentials and qualifications. I hereby release from liability any and all individuals and organizations, any firm, institution or court, releasing data pertinent to the review of my application and information released in good faith and without malice concerning my professional competence, ethics, character and other qualifications.

Original Signature of Applicant

Date

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FOR POLICE DEPARTMENT USE ONLY:

Date completed: _____

Background check passed: _____

Background check failed: _____ **Reason:** _____

Completed by (printed name) _____

Signature: _____