

**CITY OF SOUTH BELOIT**  
**MOBILE FOOD VENDOR LICENSE APPLICATION**

**Annual Fee:** \$50.00 per mobile food truck, cart, container or any other like object  
**Daily Fee:** \$20.00 per mobile food truck, cart, container or any other like object  
**License Type (circle one):**            **Annual**                            **Daily**  
**Annual Due Date:** December 13, 2024

**SECTION A: Information Regarding the Mobile Food Vendor Establishment/Owner**

Name of Establishment/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Federal Tax I.D. #: \_\_\_\_\_

Name of Owner of Establishment/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of person responsible for day-to-day management of the business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

In Manager's absence, person in charge: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION B: Information Regarding Mobile Food Truck, Trailer or Cart**

Will vending be from a mobile food truck, trailer attached to vehicle, or Cart: \_\_\_\_\_

If vending is from a mobile food truck or trailer, please provide for each mobile food truck or trailer, the Make, model, year and VIN: \_\_\_\_\_

License plate #'s: \_\_\_\_\_

**Please attach the following information to this application:**

1. If applicant is a separate corporate entity, limited liability company, limited liability partnership, or any other business entity, then the names and address of all parties holding any interest in the entity shall also be provided.
2. A copy of any and all health department permit(s) under which applicant will be operating.
3. Certificates of insurance showing insurance as required by Section 18-424.

4. Proof of lighting so that flashing will be visible at a distance of 500 feet whenever the mobile food truck is stopped on a **public way** or **public property** for the purpose of vending. In this proof, a sign on the side of the mobile food truck shall be visible and consist of letters no less than three inches in height, and shall state the name, telephone number of the owners of the vehicle, and an identification numeral distinguishing the vehicle.
5. Copy of current, valid registration of the vehicle, trailer, pushcart, or any like object intended to further a delivery of food.
6. Copies of valid driver's license for any person who will be driving the mobile food truck.
7. A narrative explaining the hours of operations, days of operation, and anticipated location of operation.
8. If the mobile food vendor is to be located on private property, a detailed site plan.

All applications shall be subject to a completed background check, acceptable to the chief of police, for any and all persons who will be offering food for sale as a part of any mobile food vendor. All applicants shall provide to the City such information as is requested by the City for the background check to be completed.

By signing below, the business and its owners represent, warrant and agree that the information contained in this application is true and correct, that they will abide at all times with any and all applicable federal, state and local laws, rules, regulations, and ordinances, including, but not limited City Ordinance Sections 18-421 to 18-427, and that they consent to a background check being performed on all persons who will be selling or offering food/drink as a part of the mobile food vendor license being applied for herein.

Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE STAFF ONLY**

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**Documentation Check List**

**Copy of Health Department Permits/Licenses:** \_\_\_\_\_

**Certificates of Insurance:** \_\_\_\_\_

**Copies of Vehicle/Trailer Registration:** \_\_\_\_\_

**Copies of Driver's Licenses:** \_\_\_\_\_

**Narrative:** \_\_\_\_\_

**Permit Fee Paid:** \_\_\_\_\_

**Application Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

**Authorized Staff Signature:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Mobile Food Vendor License Number:** \_\_\_\_\_