

Mary Jo Pemberton
City Clerk



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Creativity Redefined!

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APPLICATION FOR MOBILE FOOD VENDOR LICENSE/ICE CREAM TRUCK

Pursuant to Section 11.18

CITY OF MT. VERNON, ILLINOIS

\$25.00 per day or \$200.00 per 30 days – FOOD VENDER

\$25.00 per day or \$300.00/year – ICE CREAM TRUCK

1. Owner of the Vehicle: _____

2. Owner's Street Address: _____

3. Owner's Telephone: _____
4. Owner's E-Mail: _____
5. Vehicle Operator (Person Selling): _____

6. Operator's Address: _____

7. Operator's Telephone: _____
8. Operator's Email: _____
9. Operator's Photo ID or Driver's License Number: _____
(Attach Copy)
10. Color Photographs of Exterior (Front, Side, and Back): _____
(Attach Photos)
11. Vehicle License and Registration with VIN: _____
(Attach Copy)
12. State or County Health Department License or Permit: _____
(Attach Copy)
13. Illinois Dept of Revenue Certificate of Registration Number: _____
(Attach copy of Certificate of Registration)
14. Certificates of Insurance (Itinerant Vendors): _____
(Attach proof of Motor Vehicle and Liability Insurance)
15. The Location at Which the Applicant Intends to Do Business: _____

Each license issued herein shall state in prominent language the following:
The holder of this License is not affiliated with nor endorsed by the City of Mt. Vernon, Illinois.

16. Dates of Sale: _____

17. _____

18. Copies of Any License Issued by the State of Illinois Held by the Applicant Related to the Goods or Services Subject of The Application. _____

19. The Applicant Shall Provide A Copy of a Written Lease or Other Written Evidence from the Owner of the Location Where the Applicant Proposes to Sell Indicating Permission of the Owner to Use the Location. _____

20. Applicant Requests Copy of Section 11.18 of the City of Mt. Vernon Revised Code.
Yes: _____ No: _____

The person applying for this License swears that the contents are, to the best of their knowledge, true, that the Operator has read Section 11.18 of the City of Mt. Vernon Revised Code, and that Operator will comply with all applicable requirements.

Date _____ OWNER'S SIGNATURE _____

Date _____ OPERATOR'S SIGNATURE _____

Filed this _____ day of _____, 20_____.

City Clerk of Mount Vernon, Illinois

(SEAL)

FOR OFFICE USE ONLY:

DATE OF ISSUE: _____ **LICENSE #:** _____

LICENSE FEE: _____

EFFECTIVE DATES FROM: _____ **TO:** _____