

FOR OFFICE USE ONLY
Date Paid: _____
Fee: _____
Date Approved: _____
License #: _____



VILLAGE OF GILBERTS
Courtney Baker, Village Clerk
87 Galligan Road
Gilberts, Illinois 60136
(847) 428-2861 Fax (847) 428-2955
cbaker@villageofgilberts.com

APPLICATION FOR FOOD VENDOR LICENSE

1. Name of Applicant: _____
Address: _____
Business Phone Number: _____ Date of Birth: _____

A. If applicant is a corporation, partnership or club, give name and address of all partners, officers and/or directors (attach additional sheets if necessary):
1. _____
2. _____
3. _____
4. _____

B. If applicant is a corporation, partnership or club give name and address of local agent or manager:
1. _____
2. _____

2. The Applicant is a citizen of the United States Yes No
Place of Birth: _____
If a naturalized citizen, please indicate the date and place of naturalization:
Date: _____ Place: _____

3. If the Applicant is a corporation and the person signing the application is a duly authorized agent of said Applicant Corporation, the following representations are made in connection with this application:

A. Objectives as stated on Corporate Charter:

B. The Corporate Charter was issued to the Applicant:
By the State of: _____ Date of Incorporations: _____

4. In case of an individual, partnership or club, the length of time Applicant has been in the business of food vending: _____

5. Have you, the driver(s), or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of a felony?

Yes No If yes, please give details:

6. Has the Applicant made application for a similar license on premises other than described in this application?

Yes No If yes, what is the disposition of the application:

7. Has the Applicant ever had a previous license by any state or subdivision thereof or by the Federal Government revoked?

Yes No If yes, please provide details

8. The number of vehicles intended to be operated under this license: _____
The vehicle identification number of each vehicle: (attach additional sheets if necessary)

1. _____
2. _____
3. _____
4. _____

9. List the name and address of each driver who will be operating a vehicle in the Village: (attach additional sheets if necessary)

1. _____
2. _____
3. _____
4. _____

10. Is the Applicant or any drivers disqualified to receive a license by reason of any matter or thing according to the Village of Gilberts Municipal Code or laws of the State of Illinois:

Yes

No

If yes, please explain:

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- The license to be issued upon application is and will be subject to revocation by the Village President and the Board of Trustees.
 - A copy of all required Health Department permits must be attached to this application upon submittal to the Village.
 - No vehicle shall be operated unless it is covered by a bond or public liability policy with the Village named as an additional insured party as required by the Illinois Compiled Statutes. The Applicant shall furnish a copy of such bond or insurance policy prior to the issuance of a license.
 - There is an annual fee of \$100.00 for each owner due upon application for the license.

I have read this application and answered all questions fully and the information I have submitted in this application is complete and truthful to the best of my knowledge.

Signature of Owner or Manager

Print Name and Title

Date

