

# KENDALL COUNTY HEALTH DEPARTMENT

## Environmental Health Unit

811 West John Street  
Yorkville, IL 60560  
(630) 553-9100, ext. 8026

### APPLICATION FOR MOBILE FOOD VENDING PERMIT

**BUSINESS NAME** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**BUSINESS OWNER** (Permit Holder) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**VEHICLE OPERATOR** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### **VEHICLE INFORMATION:**

- **Vehicle Owner** \_\_\_\_\_
- **Vehicle License Plate #** \_\_\_\_\_ **Vehicle Identification #** \_\_\_\_\_
- **Vehicle Year/Make** \_\_\_\_\_/\_\_\_\_\_ **Vehicle Route #** \_\_\_\_\_ **Vehicle/Unit #** \_\_\_\_\_

#### **COMMISSARY INFORMATION** (Facility where vehicle is cleaned and serviced):

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

#### **FOOD SOURCES** (A listing of places<sup>1</sup> where you pick up hot & cold foods):

Location \_\_\_\_\_ Address \_\_\_\_\_

Location \_\_\_\_\_ Address \_\_\_\_\_

Location \_\_\_\_\_ Address \_\_\_\_\_

#### **REQUIRED SUPPORTING DOCUMENTS:**

- 1.) Current health inspection reports must be provided for all facilities located outside Kendall County
- 2.) List must be provided indicating the day, time and address of each sales stop within Kendall County

**Applicant's Signature** X \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Inspections by appointment only

For Office Use Only					
Permit # M-	_____	Date Issued	____/____/____	Approved by	_____
Risk Type	_____	Fee \$	_____	Amount Paid \$	_____
		<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check # _____