



Peoria Fire Department

Mobile Food Vehicle

Fire Safety Inspection Registration

Date: __/__/20__

Business name _____ Business phone _____

Business address _____ City, State, Zip _____

Commissary location _____

Owner name _____ Owner phone _____

Owner's address _____ City, State, Zip _____

Owners driver's license # _____ State _____

Vehicle License Plate # _____ State Registered _____

Vehicle VIN Number _____

Illinois DOT safety lane inspection tag # _____ Tag Exp. Date: __/__/20__

Vehicle: Insurance Company _____ Date: __/__/20__ to Date: __/__/20__

Insurance Agents Name _____ Phone _____