

LICENSE YEAR _____

OL LR
CU#: _____
LC#: _____

**CITY OF PEORIA
MOBILE FOOD VEHICLE VENDOR LICENSE APPLICATION
OPERATION FROM PUBLIC RIGHT-OF-WAY**

1. Business name: _____

2. Primary Contact Person: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

3. If a proprietorship or partnership, please list **names of all owners, their residence address, phone number, driver's license (or social security) number and date of birth** below. If an association or corporation, list the information for all officers and directors along with shareholders owning more than 20% of the stock. Add additional sheets if necessary. **NOTE:** This section must be fully completed. One or more of these persons must sign the application.

Owner/Officer/Director 1

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Driver's License #: _____ State: _____

Daytime Phone #: _____ Date of Birth: _____

Owner/Officer/Director 2

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Driver's License #: _____ State: _____

Daytime Phone #: _____ Date of Birth: _____

Owner/Officer/Director 3

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Driver's License #: _____ State: _____

Daytime Phone #: _____ Date of Birth: _____

4. Corporation Name: _____ Corporate FEIN #: _____

Peoria Taxpayer #: _____ Illinois Taxpayer #: _____

5. Do you operate a traditional restaurant inside of the City of Peoria? Yes No

If yes, please list restaurant name and address: _____

If no, please list name and address of your licensed commissary: _____

6. Have you applied for a food and drink license from the Health Department? Yes No

If yes, on what date? _____

7. Has anyone listed in #3 ever been convicted of a criminal offense or ordinance violation other than traffic and parking offenses in any jurisdiction? Yes No

If yes, list name of person, offense, date of conviction, and place where convicted:

8. What type of food do you plan to sell (please attach a sample menu)? _____

9. Please attach a description of your mobile food vehicle. The description of the vehicle may be in the form of detailed scale drawings of the vehicle to be used, material specifications, and an isometric drawing in color of at least two (2) views showing all four (4) sides and any logos, printing or signs which will be incorporated and utilized in the color scheme. Said description may include any additional items (e.g., color and material samples, layouts of signs and graphics, or photographs) which may reasonably be necessary to clearly visualize the proposed design.

10. What is the license plate number of the vehicle to be licensed? _____

Please attach a copy of a recent, valid registration for this vehicle.

11. Where do you wish to operate your business? (Check one)

- Downtown Business District
- Outside of Downtown Business District
- Both

Please note: The City only licenses food truck operations from public right-of-way. For rules regarding the operation of food trucks on private property, please contact the Community Development Department at (309) 494-8600.

12. For operation from the public right-of-way, please indicate the locations from which you are seeking to vend (i.e. in front of 1234 Public Street). Additional locations can be submitted on a separate piece of paper.

Location: _____

Location: _____

Location: _____

Location: _____

13. Fees: Please see chart below for annual fees associated with permits.

Downtown Business District*			
	Own Peoria Restaurant	Don't Own Peoria Restaurant	Outside Downtown Business District Only*
2015 Only (July 1 – Dec 31)	\$1,200	\$1,700	\$150
Full Year (Jan 1 – Dec 31)	\$2,400	\$3,400	\$300
Half Year (after July 1)	\$1,200	\$1,700	\$150

* Per City ordinance, the possession of a permit to operate within the Downtown Business District allows the holder to also operate outside the District at no additional charge provided that locations are approved.

Please note: This application will be considered complete only when all sections have been completed in their entirety and is submitted with the license fee, bond, insurance, property owner consent, and Health Department inspection approval. This application must be completed and submitted annually along with the above listed requirements.

I hereby agree to operate the above described business in accordance with all regulations and conditions imposed by the laws of the State of Illinois and the laws, ordinances and regulations of the City of Peoria. I understand any false statements could result in the revocation or denial of license. I understand I cannot operate prior to receiving and posting the license.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

License fee: Cash, cashier's check, money order (No personal or business checks)
Mail or deliver to: Accounts Receivable, 419 Fulton Street, Room 111, Peoria, IL 61602
Questions: (309) 494-8588 or e-mail AR@peoriagov.org