



CITY OF PERU MOBILE FOOD VEHICLE PERMIT APPLICATION



LICENSEE/OWNER INFORMATION

Name of Mobile Food Vehicle Owner:	
Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company or Corporation	
Vehicle Business Name (doing business as):	
Business Address: (include City/State/Zip)	
Business Telephone:	Business Email:
Illinois Business Tax (IBT) #:	FEIN or SSN (last 4):
Name of Manager or Main Contact Person:	
Manager/Main Contact Person Home Address: (include City/State/Zip)	
Manager/Contact Person Telephone:	Manager/Contact Person Email:

MOBILE FOOD VEHICLE INFORMATION

Make:	Model:
Vehicle Identification Number (VIN#):	License Plate Number:

The following items are included with this Mobile Food Vehicle Permit Application:

<input type="checkbox"/> Photograph(s) of the mobile food vehicle sufficient for identification <input type="checkbox"/> Proof of registration for the mobile food vehicle <input type="checkbox"/> A copy of the applicant's completed "Mobile Food Unit Plan Review Application" submitted to the LaSalle County Health Department	<input type="checkbox"/> Certificate of insurance meeting City requirements [Sec. 26-243(a)(4): Mobile food vendors must carry, at their own cost and expense, comprehensive and general liability and casualty insurance related to its operation within the City of Peru, including food service, restaurant operation, and vehicle operation, with minimum policy limits of one million dollars (\$1,000,000.00) per occurrence.]
--	--

LOCATION / OPERATING SCHEDULE

Please list all locations, dates/days, and times of operation below (attach separate sheet if necessary):

OPERATING LOCATION(S)	APPROXIMATE TIME (DATES/DAYS) AT LOCATION

The following items are included with this Mobile Food Vehicle Permit Application:

<input type="checkbox"/> Mobile Food Unit Restroom Agreement(s) <input type="checkbox"/> Written Consent from each existing restaurants within 300' of Mobile Food Vehicle Operating Location (see attached form).	LaSalle County requires food trucks that do not have on-board restrooms and are parked at the same location for 2 or more hours have restroom facilities located within 200 feet. [Sec. 26-244(f): Mobile food vehicles must maintain a three hundred (300) foot distance from the property boundary of any existing restaurant in operation unless consented to by said restaurant in writing, and a copy of said written consent is provided to the City.]
---	---

ATTESTATION & SIGNATURE

I attest to the best of my knowledge and belief, that the information stated in this application and in all supporting documents is true and accurate. In addition, by my signature below, I hereby consent and authorize the City and the LaSalle County Health Department to share, on a continuing basis, all information relevant to the mobile food vendor's application and business, as well as any enforcement actions or other proceedings initiated by the LaSalle County Health Department in connection with or against said mobile food vendor.

Signature of Applicant:	Date:
Printed Name of Applicant:	Title: