APPLICATION FOR MOBILE FOOD VENDORS - PUBLIC PROPERTY

Please return completed Application and Fee to Village Clerk

Application Fee: $200.00; includes first mobile food vehicle/truck or pushcart (non-refundable)
Additional mobile food vehicle/truck or pushcart fee: $100.00 each (non-refundable)
License Period: January 1st through December 31st

Date: ______________________

1. Business Name: ____________________________________________________________
   Business Address: ____________________________________________________________
   Mailing Address (if different): ________________________________________________
   Phone Number: ___________________ Business Email Address: ___________________
   Location for which the license is requested: ______________________________________
   Type of Business: ____________________________________________________________
   Length of time the Applicant has been in a business of this type: _______ Tax Exempt? ☐ Yes ☐ No

APPLICANT Information

2. Applicant Name: ____________________________________________________________
   Present Address: ____________________________________________________________
   Length of time the Applicant has been at this address: ____________________________
   Mailing Address (if different): ________________________________________________
   Phone Number: ___________________ Email Address: ____________________________
   Are you a Sole Proprietor? Yes ☐ No ☐ If yes, skip to Question 6

*** OFFICE USE ONLY ***

☐ Approved ☐ Not Approved License No.: ___________________ Date of Issuance: ____________
☐ Background Check ☐ Copy of D.L. or I.D. ☐ Copy of IL. Dept. Rev. Tax # ☐ Copy of Tax Exempt Status
☐ Copy of State license, registration, insurance ☐ Copy of liability insurance ☐ Copy of health permits ☐ Copy of 2x2 photos

Non-Refundable Application Fee: $200.00 for first mobile food vehicle; $100.00 for each additional mobile food vehicle
Non-refundable background checks fee: $40.00 (____ # of background checks x $40.00) Total Due with Application: $ ____________
Date Received: ________________
BUSINESS OWNERSHIP Information

Please provide the following information regarding how the business was created and is owned:

☐ Corporation  ☐ Partnership  ☐ Limited Liability Corporation (LLC)

3. Business Owner Name: ____________________________________________________________
   
   Business Owner Address: ____________________________________________________________
   
   Mailing address (if different): ______________________________________________________
   
   Phone Number: _______________     Email Address: __________________________________

4. If the majority interest of said corporation/partnership/membership is owned by one (1) person or his nominees, please provide the full name and address:

   Name ____________________________
   
   Address: ____________________________________________________________

5. Full name and address of all members, partners, officers, stockholders, directors, registered agents and managers.

   (a) Name: ____________________________
   
   Address: ____________________________
   
   (b) Name: ____________________________
   
   Address: ____________________________
   
   (c) Name: ____________________________
   
   Address: ____________________________

* Attach additional names, if applicable.

DRIVER/OPERATOR Information

6. Full name and address of all persons employed as mobile food vehicle/truck or pushcart vendor.

   (a) Name: ____________________________
   
   Address: ____________________________
   
   Phone Number: _______________     Email Address: ____________________________

   Convicted of a felony? ☐ Yes   ☐ No
   
   (b) Name: ____________________________
   
   Address: ____________________________
   
   Phone Number: _______________     Email Address: ____________________________

   Convicted of a felony? ☐ Yes   ☐ No
(c) Name: ____________________________________________

Address: ____________________________________________

Phone Number: ____________________ Email Address: ________________________

Convicted of a felony? □ Yes □ No

* Attach additional names, if applicable.

MOBILE FOOD VEHICLES/TRUCKS OR PUSHCARTS Information

7. List of all mobile food vehicles/trucks or pushcarts.

   (a) Make: _________________ Model: ______________________ Year: __________
       VIN#: _________________________ License Number: ________________________

   (b) Make: _________________ Model: ______________________ Year: __________
       VIN#: _________________________ License Number: ________________________

   (c) Make: _________________ Model: ______________________ Year: __________
       VIN#: _________________________ License Number: ________________________

* Attach additional vehicles/trucks or pushcarts, if applicable.

ADDITIONAL STATEMENTS

8. Has the applicant made similar applications for a license other than described in this application?

   □ Yes □ No

   If yes, where? ____________________________________________

9. Has the applicant, members, partners, officers, stockholders, directors, registered agents and/or managers ever had a license revoked?

   □ Yes □ No

   If yes, state the reason(s): ____________________________________________

10. Has the applicant ever been convicted of a violation of any of the provisions of Chapter 33 of Village of Oswego code or the ordinance of any other Illinois municipality regulation the activities of mobile food vendors?

    □ Yes □ No

11. Has the applicant ever been convicted of the commission of a felony under the laws of the State of Illinois or any other state or federal law of the United States?

    □ Yes □ No
12. Will you familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the Village of Oswego, pertaining to mobile food vendors and abide by all of them?

Yes ☐  No ☐

BACKGROUND CHECK

13. All applicants, including any person who will be a mobile food vendor, shall submit fingerprints as a part of the application and shall pay a forty dollar ($40.00) non-refundable fee for processing said fingerprints. The fee shall be paid by the business, applicant, or individual for each person for whom a background investigation must be conducted.

ATTACHMENTS

14. Attach to this application the following:

- Copy of valid driver’s license or state ID, or other government identification from all applicants, drivers and operators
- Copy of Illinois Department of Revenue identification number for the Retailer’s Occupation Tax
- Copy of tax exempt status (if applicable)
- Copy of all required Kendall County Health permits
- Copy of State license, vehicle registration and vehicle insurance card
- Copy of liability policy
- 2” x 2” photo for each applicant, driver and operator (same as what is required for passports)
- Completed Food and Beverage Tax acknowledgement form
- Completed Food and Beverage Tax registration form

PENALTY: Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class IV fine, plus applicable hearing costs, as provided in subsection 1-4-3G of this code. Each day a violation occurs is considered a separate offense in which the vehicle is subject to seizure and impoundment.

I understand any misrepresentations submitted may be cause for denial and revocation of the license. The undersigned does hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the person or persons applying for such license are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will review the Village of Oswego Code of Ordinances, the State of Illinois Compiled Statutes and the Laws of the United State of America and is not disqualified by reason of any matter or thing contained in this document.

Signed: ___________________________  Date: ___________

(Authorized Signature)

Title: _________________________________
CONSENT TO CONDUCT BACKGROUND CHECK

TO WHOM IT MAY CONCERN

I authorize and empower the Village of Oswego Police Department to obtain, prepare, use and furnish information concerning my general reputation, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends of associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request I understand that said Police Department will provide me with information regarding the scope of the investigation if one was/is made.

Signature: ___________________________
Printed Name: _______________________
Address: ___________________________
Date: ___________________________
MOBILE FOOD VENDORS LICENSE APPLICATION FOR: ____________________________

The applicant has reviewed the Village of Oswego Code of Ordinances and the State of Illinois Compiled Statutes and is not disqualified by reason of any matter or thing contained in either document.

STATE OF ILLINOIS       )
KENDALL AND WILL COUNTY ) SS

__________________________ being first duly sworn deposes and says that he/she has read the above and foregoing Application, caused the answers to be provided thereto, and all of the information given by __________________________ on said Application is true and correct.

__________________________
Signature of Applicant

__________________________
Print Name

Subscribed and sworn to before me, this _____ day of __________________, A.D. 20____

__________________________
Notary Public

NOTE: In the event Applicant is a partnership, the Application should be signed and sworn to in the same manner by all partners.

In the event Applicant is a corporation, the Application should be signed and sworn to by the officers and the local manager.
MOBILE FOOD VENDORS LICENSE APPLICATION FOR: _______________________________________

The applicant has reviewed the Village of Oswego Code of Ordinances and the State of Illinois Compiled Statutes and is not disqualified by reason of any matter or thing contained in either document.

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