



100 Parkers Mill • Oswego, IL 60543
Ph: 630-554-3259
Website: http://www.oswegoil.org
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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

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**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    )  
  ) SS  
KENDALL AND WILL  
COUNTY                    )

\_\_\_\_\_ 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.**