

APPLICATION FOR MOBILE FOOD VENDORS VILLAGE OF DOWNERS GROVE, ILLINOIS

Please state where your food truck will be located:
(See Maps for approved locations)*

* Vendors/Applicants who operate in public parks must have written consent from the Downers Grove Park District, and must submit to a fingerprint background check by a State approved agency, at the cost of the owner/applicant.

PERMIT FEE: \$100 for COMPLETED Applications

1. NAME OF MOBILE FOOD VENDOR _____
Address _____
City, State, Zip _____
Telephone _____
CONTACT PERSON/MANAGER _____
Direct phone number and e-mail address for contact person _____

FORM OF BUSINESS (check only one)

Corporation

Individual Owner

Partnership

2. **FOR CORPORATION**, must attach a copy of current certificate of good standing from the State of Illinois
Name of registered agent _____
Address _____
City, State, Zip _____
Telephone _____

List each person with ownership (directly or indirectly) of 5% or more. Use a separate sheet if needed.

Name _____
Address _____
City, State, Zip _____
Telephone _____
Date of Birth _____ Driver's License Number _____
Social Security Number _____ Percentage of ownership _____

Name _____
Address _____
City, State, Zip _____
Telephone _____
Date of Birth _____ Driver's License Number _____
Social Security Number _____ Percentage of ownership _____

MANAGER OF BUSINESS

Name _____
Home Address _____
Home Phone _____ Date of Birth _____
Driver's License Number _____ Social Security Number _____

3. **If PARTNERSHIP** list each partner, Use a separate sheet if needed.

Name _____
Address _____
City, State, Zip _____
Telephone _____ Date of Birth _____
Driver's License Number _____ Social Security Number _____

Name _____
Address _____
City, State, Zip _____
Telephone _____ Date of Birth _____
Driver's License Number _____ Social Security Number _____

Name _____
Address _____
City, State, Zip _____
Telephone _____ Date of Birth _____
Driver's License Number _____ Social Security Number _____

Name _____
Address _____
City, State, Zip _____
Telephone _____ Date of Birth _____
Driver's License Number _____ Social Security Number _____

MANAGER OF BUSINESS

Name _____
Home Address _____
City, State, Zip _____
Telephone _____ Date of Birth _____
Driver's License Number _____ Social Security Number _____

For numbers 4, 5, and 6, please provide the requested information for each owner/partner and employee on a separate sheet.

4. Have you been convicted within the past ten (10) years of a felony? _____
If yes, state the type, date and jurisdiction. _____

5. Have you been convicted of a misdemeanor involving any of the following offenses:
(a) Unlawful possession with the intent to deliver: any controlled substance, as such term is defined in the Illinois Controlled Substances Act (720 ILCS 570/100 et seq.), as amended from time to time; or cannabis, as defined in the Cannabis Control Act (720 ILCS 550/1 et seq.), as amended from time to time; or an intoxicating compound, as listed or defined in the Intoxicating Compounds Act (720 ILCS 690/0.01 et seq.), as amended from time to time, with the past five (5) years? _____
(b) Unlawful possession of any controlled substance, cannabis or intoxicating compound within the past five (5) years? _____
(c) Any offense involving moral turpitude, including, but not limited to any offense involving the misapplication, misappropriation or misuse of funds or another person within the past five (5) years? _____
(d) Driver's license suspended or revoked in any state within the past three (3) years as consequence of violations of law concerning the operation of a motor vehicle? _____

6. Are you required to register as a sex offender as required by the Sex Offender Registration Act, 730 ILCS 150 or have you been convicted of criminal sexual assault and/or criminal sexual abuse, as such offenses are defined in the Illinois Criminal Code (720 ILCS 5/1-1 et seq.), or any like offense of another state or country? _____

Pursuant to Chapter 8.16.2, the applicants and any employees or agents will be required to submit the following with the completed application:

- A check for \$100 permit fee;
- Food Truck Inspection by DGFDD;
- A copy of the DuPage County Health Department permit;
- A list of all employees who will work in the mobile food vehicle;
- Menu(s)
- Signed *Hold Harmless* statement;
- Mobile Food Vehicle Registration;
- Waiver to conduct background check;
- Fingerprints taken by State approved agency (*if applying to operate in public parks.*)
- Certificate of Good Standing (*if registered as a corporation.*)

I hereby authorize without reservation, any law enforcement agency, administrator, state agency, federal agency, institution, information service bureau, or employer contacted by the Village of Downers Grove to furnish the above mentioned information.

I further acknowledge that a telephonic facsimile (fax) or a photographic copy of this document shall be as valid as the original.

I certify that the information provided herein is true and correct.

SIGNATURE OF APPLICANT

Date

Subscribed and sworn to before me
on this ____ day of ____, 20__.

Notary Public

Return this application to:

The Village of Downers Grove
801 Burlington Avenue
Downers Grove, IL 60515
Attn: Village Manager's Office

