

CITY OF SALEM, ILLINOIS
101 South Broadway, Salem, IL 62881
APPLICATION FOR
MOBILE FOOD OR LIQUID VENDOR LICENSE



Applicants _____

Business Name _____

Business Address _____

Home Address _____

Phone Number _____

Social Security Number _____

Drivers License Number and Expiration Date: _____

Applicants Date of Birth _____

Vehicle Description Used to Distribute Product:

Make and Model _____

Year _____

Color _____

License Plate Number _____

Dated: _____ Signed _____

Dated _____ Signed _____

Please attach the following:

- Copy of Certificate of Registration under the Illinois Retailer's Occupation Tax Act
- Copy of Drivers License for Each Driver
- Copy of Marion County Health Department Food Permit
- Copy of Public Liability Insurance Policy Covering the Subject Vehicle
- Sworn Statement by Each Driver of Any Prior Criminal Convictions
- \$50.00 for Annual Mobile Food or Liquid Vendor License Fee

Office use only:

Date Received _____ Received By _____

Approved, ___ Yes or ___ No. If No, reason _____

Date _____ Authorized Signature _____

Chief of Police

**SWORN STATEMENT
OF CRIMINAL CONVICTIONS**

Applicants and each person operating the vehicle under *City of Salem Permit for Mobile Food or Liquid Vendor License* must complete and sign a copy of this Statement.

Applicant/Employee

(Circle one)

Name _____

Date of Birth _____

Home Address _____

Social Security Number _____

My signature below affirms that pursuant to City of Salem Ordinance 2004-17 and in compliance thereof, I have never been convicted of a felony or am I, or have I ever been, a registered sex offender. I understand that if I provide false information on this statement my license to operate under the City of Salem "Mobile Food or Liquid Vendor" Ordinance can be revoked.

Date _____

Signed _____

Name Printed _____

Witness _____

Witness Printed Name _____