

CITY OF OLNEY
300 S. Whittle Ave., Olney, Illinois 62450
618-395-7302 / FAX 618-395-7304

FOOD TRUCK VENDOR APPLICATION

APPLICANT INFORMATION

1. Contact Name: _____
2. Contact Phone #: _____ 3. SSN#: _____
4. Mailing Address: _____
5. Business Address (if different than residential):

6. Date of Birth: _____

EMPLOYER INFORMATION

1. Name and Address of Employer:

2. Address as listed on Illinois business license (if different than #1):

3. Business Phone #: _____
4. Email Address: _____

FOOD TRUCK INFORMATION

1. License Plate #: _____
2. Make of Vehicle: _____
3. Model of Vehicle: _____
4. Description of Service: _____
5. Tax ID#: _____
6. Address of the business/facility at which any fat, oil or grease generated during the operation of the food truck/trailer will be disposed: _____
7. Contact Name & Phone Number for persons responsible for the operation of such business or facility being used for disposal: _____

ADDITIONAL INFORMATION

1. Date (or approximate date) of Last Food Truck Permit Application with the City of Olney: _____

ADDITIONAL INFORMATION (CONTD.)

2. Has any food truck vendor license issued to you from any location ever been revoked?
If so, explain:

3. Has the Applicant ever been convicted of a felony or misdemeanor under the laws of the State of Illinois or any other state or federal law of the United States? If so, explain:

4. Location(s) for vending in Olney (private, commercial property only):

SIGNATURE

I affirm that the statements made in this application are true and correct to the best of my understanding.

Fee \$ _____ Receipt # _____ Date Paid _____
\$25 (County)/\$50 (Out)

Attachments:

Certificate of Liability Insurance: ____ (minimum of \$1,000,000 with the City of Olney listed as Certificate Holder)

Vehicle Insurance: ____

Vehicle Registration: ____

Driver's License: ____

Photo of Vehicle: ____

Draft of Menu: ____

Valid Health Permit from the Wabash County Health Department: ____

Criminal Background Check for *Each* Owner and/or Manager That Will Be

Conducting Sales: ____

Illinois Retailer's Occupation Tax Certificate: ____

Issued: _____