



MOBILE FOOD VEHICLE VENDOR LICENSE RENEWAL APPLICATION

Evanston Health Department, 909 Davis St., Evanston, IL 60201
Phone (847) 859-7676 Email: hhslicensing.cityofevanston.org

Mobile food vehicle: A commercially manufactured, motorized mobile food unit in which ready-to-eat food is cooked, wrapped, packaged, processed, or portioned for service, sale or distribution.

How to Apply: Provide all required information including this form to the email address above or mail your submission to the Health Department at the address above. If you have questions, please contact the Environmental Health Licensing Coordinator at hhslicensing.cityofevanston.org or call (847) 859-7676

THE MOBILE OPERATION AND THE RELATED EVANSTON FOOD ESTABLISHMENT

Name of Business Displayed to the Public on the Vehicle

Name and License Number of Evanston Food Establishment that Owns and Operates the Vehicle

Address of Licensed Evanston Food Establishment Above

OWNERSHIP OF THE MOBILE OPERATION (If different than previous year)

If a **CORPORATION or LLC:** IL Business Tax Number _____ IL File Number _____

Name of Corporation or LLC: _____

If a **PARTNERSHIP:** IL Business Tax Number _____

Name of Partnership: _____

A Partnership is an association of two or more persons who carry on as co-owners a for-profit business entity.

If a **SOLE PROPRIETORSHIP:** Social Security number under which taxes are filed _____

Name of Sole Proprietorship: _____

A Sole Proprietorship is a businesses defined under state law as being owned by an individual or husband and wife.

NOTE: Partnerships and Sole Proprietorships that conduct business in Cook County are required to file assumed names with the Clerk’s office. Web

<http://www.cookcountyclerk.com/vitalrecords/busnamereg/Pages/RegisteringAnAssumedName.aspx>

or call (312) 603-5652 or email Vital.Records@cookcountyil.gov.

THE APPLICANT(S) (attach additional pages, if necessary)

Name of Person

Home Address or Professional Address. *MAY NOT BE THE ADDRESS OF THE BUSINESS TO BE LICENSED*

Phone Number

Email

Name of Person

Home Address or Professional Address. *MAY NOT BE THE ADDRESS OF THE BUSINESS TO BE LICENSED*

Phone Number

Email

DOCUMENTATION TO ACCOMPANY THIS APPLICATION

- 1) **Plans and specifications for the mobile food vehicle**, including the proposed layout, photographs, mechanical schematics, construction materials, finish schedules, equipment types, manufacturers, model numbers, locations, dimensions, weight of vehicle per wheel, performance capacities, power source, installation specifications, and information on any custom fabricated equipment. *(Must include with renewal application if there are any changes from previous application.)*
- 2) **Proof of access to restrooms with a hand sink** for use by employees within two hundred (200) feet of the mobile food vehicle, when the vehicle is parked in one location for more than two hours. Proof of access shall be evidenced by notarized written agreement between the vendor and the business or entity which will provide such access *(if applicable)*.
- 3) **Drivers' license for the vehicle operator.**
- 4) **Food Service Sanitation Manager Certification** for the vehicle food service operator.
- 5) **A signed statement that the vendor shall hold harmless the city and its officers and employees**, and shall indemnify the city, its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of the permit. (Return **SIGNED INDEMNIFICATION AND HOLD HARMLESS AGREEMENT** included herein.)
- 6) **Proof of maintaining public liability, food products liability, and property damage insurance** as will protect vendor, property owners, and the city from all claims for damage to property or bodily injury, including death, which may arise from the operations under the permit or in connection therewith in accordance with Title 8 Chapter 26.

MENU: FOOD SOURCE, PREPARATION, DISPLAY & DISTRIBUTION *(If different from previous year)*

What is the anticipated volume of food to be stored, prepared and sold? _____

MENU ITEM	FOOD SOURCE* Provide address below table	PREPARATION METHOD	DISPLAY/DISTRIBUTION

REVIEW AND LICENSURE

Your application will be reviewed upon receipt. A license certificate will be issued along with a decal that shall be permanently and prominently affixed to the vehicle. To remit payment for the \$500 annual license fee with a credit, debit card, or check, go to: cityofevanston.org/payhealthdept. To process payment use license number (refer to previous license) and Evanston business zip code.

By submitting this form, I hereby certify that I have examined this Mobile Food Vehicle Vendor Application and that to the best of my knowledge and belief, it is true, accurate and complete.

Name _____

Date _____

**CITY OF EVANSTON
RELEASE AND WAIVER OF ALL LIABILITIES
and
INDEMINIFICATION AND HOLD HARMLESS AGREEMENT
MOBILE FOOD VEHICLE**

(Note: please read carefully and understand prior to signing)

I hereby waive, release and discharge any and all claims for personal injury, death or property damage which may hereafter as a result of my activities under this permit. I agree to indemnify and to hold harmless the City, the Department, and its officers, employees, attorneys, and agents from any loss, liability, damage, cost, or expense which they may incur as the result of death, injury, or property damage that may arise as a result of the activities taking place under this permit.

This release is intended to discharge in advance the city of Evanston, the Department, its officers, employees, attorneys, and agents from any and all liability arising out of or connected in any way with the activities taking place under this permit, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further agree that this waiver, release and assumption of risk is binding upon my heirs and assigns.

I FURTHER AGREE that if any claim or suit is pursued by me or on my behalf as a result of injuries from the activities taking place under this permit specified herein against the City of Evanston, and its officers, employees, attorneys, and agents, I will Indemnify and Hold Harmless these parties from all judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by these parties in defending against such claim.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE CITY OF EVANSTON AND ME, AND I SIGN IT OF MY FREE WILL.

Date: _____

Printed Name: _____

Signed: _____

Owner