



Food Delivery Vehicle License Application

Evanston Health Department, 2100 Ridge Ave., Evanston, IL 60201
Phone (847) 866-2947 Fax (847) 448-8134 Email: egolden@cityofevanston.org

Ordinance Per City Code 8-9-3, "It shall be unlawful for any person to operate within the city a 'food delivery vehicle', as defined herein, without first having obtained a license for that purpose." A food delivery vehicle includes all wagons, motor vehicles and vehicles propelled by human power for the storage or transportation of food, food products, milk and beverages intended for human consumption, including all vehicles operated in connection with the wholesale distribution of meats, vegetables and all food products. (City Code 8-9-1: Definition)

PART 1: THE APPLICANT: THE BUSINESS RESPONSIBLE FOR THE VEHICLES AND PRODUCT CARRIED

Name of Business / Name of Person to Contact

Business Street Address and Zip Code

Business/Contact Phone Number Email

PART 2: THE BILLING ADDRESS

Check the box if billing address is the same as the business address above.

Business Name / Department or Attention

Business Street Address and Zip Code

Billing Phone Number Email

PART 3: THE VEHICLES AND PRODUCTS TRANSPORTED

Indicate the type(s) of products delivered. For example, meat, seafood, dry goods, prepared foods, beverages, ice, dairy, etc.

PART 4: DECLARATION

I certify that I intend to operate the vehicles in compliance with all applicable City, County, State and Federal laws.

Signature Date

Printed Name Title

PART 4: THE LICENSE, PAYMENT AND LICENSE RENEWAL

The license expires December 31, is non-transferable and the original shall be kept at the principal business address with a copy carried in each vehicle that travels into the City of Evanston. The license is renewed annually by an invoice sent by the City of Evanston Health Department to the business address unless you provide an alternate billing address. The license will be mailed to the indicated billing address upon receipt of payment. **INCLUDE PAYMENT OF \$50.00 WITH THIS APPLICATION. MAIL TO: HEALTH DEPARTMENT LICENSING COORDINATOR, CITY OF EVANSTON, 2100 RIDGE AVE, EVANSTON, IL 60201**