



# MOBILE FOOD VEHICLE VENDOR LICENSE APPLICATION

Evanston Health Department, 2100 Ridge Ave., Evanston, IL 60201  
Phone (847) 866-2947 Fax (847) 448-8134

**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 and return to address above. A Health inspector will call to schedule an inspection of the equipment. If you have questions, contact Ellyn Golden, Environmental Health Licensing Coordinator, [egolden@cityofevanston.org](mailto:egolden@cityofevanston.org) or call (847) 866-2947. **License fee per calendar year: \$500; \$250 if licensed after July 1.**

## PART 1: 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

## PART 2: OWNERSHIP OF THE MOBILE OPERATION

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](mailto:Vital.Records@cookcountyil.gov).

## PART 3: THE APPLICANT(S) (attach additional pages, if necessary)

Name of Person \_\_\_\_\_ Signature \_\_\_\_\_

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

Phone Number and Email

Name of Person \_\_\_\_\_ Signature \_\_\_\_\_

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

Phone Number and Email

**PART 4: CORPORATE OFFICERS** (attach additional pages, if necessary)

### Owner and Officer Information

**Sole Proprietors** are required to provide information about the **Sole Proprietor** that owns the business

**Corporations** are required to provide information about their **President, Secretary**, and any other **shareholders** with a major beneficial interest

**Non-for-Profit Corporations** are required to provide information about their **President and Secretary**

**Limited Liability Corporations** are required to provide information about **Managing Members**, and any other **shareholders** with a major beneficial interest

**Partnerships & Limited Partnerships** are required to provide information about all **Partners** with a major beneficial interest

**Ownership %:** \_\_\_\_\_ **Relationship:**  **Sole Proprietor**  **President**  **Managing Member**  **Other:** \_\_\_\_\_

\_\_\_\_\_  
First, Middle and Last Name

\_\_\_\_\_  
Current Residential Address, Suite/Apt., City, State, Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Signature** \_\_\_\_\_

**Ownership %:** \_\_\_\_\_ **Relationship:**  **Secretary**  **Managing Member**  **Other:** \_\_\_\_\_

\_\_\_\_\_  
First, Middle and Last Name

\_\_\_\_\_  
Current Residential Address, Suite/Apt., City, State, Zip Code

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Signature** \_\_\_\_\_

**Ownership %:** \_\_\_\_\_ **Relationship:**  **Vice President**  **President**  **Managing Member**  **Other:** \_\_\_\_\_

\_\_\_\_\_  
First, Middle and Last Name

\_\_\_\_\_  
Current Residential Address, Suite/Apt., City, State, Zip Code

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Signature** \_\_\_\_\_

**Ownership %:** \_\_\_\_\_ **Relationship:**  **Treasurer**  **Member**  **Other:** \_\_\_\_\_

\_\_\_\_\_  
First, Middle and Last Name

\_\_\_\_\_  
Current Residential Address, Suite/Apt., City, State, Zip Code

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Signature** \_\_\_\_\_

**Ownership %:** \_\_\_\_\_ **Relationship:**  **Shareholder**  **Other:** \_\_\_\_\_

\_\_\_\_\_  
First, Middle and Last Name

\_\_\_\_\_  
Current Residential Address, Suite/Apt., City, State, Zip Code

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Signature** \_\_\_\_\_

**PART 5: MENU: FOOD SOURCE, PREPARATION, DISPLAY & DISTRIBUTION** (attach add'l sheets, if needed)

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

\***COMMERICAL SUPPLY SOURCE(S)** (attach add'l sheets, if needed)

\_\_\_\_\_  
Business Name and Address

\_\_\_\_\_  
Business Name and Address

\_\_\_\_\_  
Business Name and Address

\_\_\_\_\_  
Business Name and Address

**PART 6: ADDITIONAL 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.
- 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.**
- 3) **A valid copy of all necessary licenses or permits** required by state health or transportation authorities: **Driver’s license for the vehicle operator**, and Food Service Sanitation Manager Certification for the vehicle food service operator.
- 4) **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.)

- 5) **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.
- 6) **Proposed location(s) and operating schedule for conducting business, signed Hold Harmless Statement** and, if applicable, **Private Property Consent Form** in accordance with Title 8 Chapter 26.
- 9) **A waste removal and disposal plan.**
- 10) **A cleaning and sanitation plan** for the truck and equipment used to prepare food.

<b>PART 7: REVIEW AND LICENSURE</b>
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The application is received by the Health, Public Works and Law Departments. Upon approval by these departments, an inspection of the vehicle and payment of the license fee, a license will be issued. A decal will be issued that shall be permanently and prominently affixed to the vehicle. Vendor shall notify the Director of the Health Department within 30 days of any changes to application information.

**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