City of Hoopeston
301 W Main St
Hoopeston, IL 60942
217-283-5833

Hoopeston Municipal Building

MOBILE FOOD TRUCK PERMIT APPLICATION

OWNER

Name: _____

DBA: _____

Address: _____

Phone Number: _____ **Email:** _____

OPERATOR

Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Driver's License No. & Expiration Date: _____

Food Truck License Plate No.: _____

DATES AND LOCATION OF OPERATION

Please provide dates and location that you intend to operate in the City of Hoopeston.

Date(s) Operating: _____

Location where Operating: _____

* There is a $20 per day non-refundable operating fee.

ADDITIONAL REQUIRED DOCUMENTS

_____ 1) Color photographs of the exterior (front, side, back) of the vehicle in its final condition and with all markings under which it will operate.

_____ 2) Color photographs of the interior of the vehicle where food shall be prepared as well as the water source intended to be used for sanitation.

_____ 3) A copy of the vehicle license and registration form reflecting the vehicle identification number (V1N) of the vehicle and current registration.

_____ 4) A copy of a state or county health department license or permit applicable to mobile food providers. A copy of any current state or county health department license or permit from anther jurisdiction may be accepted by the Permit Administrator, although such acceptance does not negate the Applicant's responsibility to comply with permit requirements of the Vermilion County Health Department.

_____ 5) A copy of the applicant's certificate of registration under the Retailers' Occupation Tax Act.

_____ 6) A certificate of insurance coverage naming City of Hoopeston as additionally insured, as well as, a copy of the required motor vehicle insurance coverage and liability insurance coverage.

_____ 7) A signed acknowledgement that the operator has read this Ordinance and will comply with all applicable requirements herein.

_____ 8) Any additional information required by the permit administrator.

Owner Signature: _____ **Date:** _____

Operator Signature: _____ **Date:** _____

_____

For Office Use Only

Total # of Operating Days: _____   Total Fees Collected: _____   Date Collected: _____

Have all documents been collected?   YES   NO

APPROVED or DENIED (circle one)

Permit Administrator Signature: _____ Date: _____