

CITY OF LOCKPORT
FOOD DISPENSING VEHICLES OR CARTS
APPLICATION

\$25.00 fee for one (1) year license



Office of the City Clerk
222 E. 9th Street/3rd Floor
Lockport, Illinois 60441
Office: 815-838-0549 Fax: 815-838-9498
Website: www.cityoflockport.net

This application pertains to any person engaged in business of selling food products from a vehicle, self-powered or otherwise, on the public and private streets and sidewalks of the City, provided that the words "vehicular vendor" shall not include salesmen who use vehicles to go from place to place for the purpose of making sales on the premises of a prospective purchaser. (Per Chapter 110, §110.80 of the Lockport Code of Ordinances)

**APPLICATION FOR FOOD DISPENSING VEHICLES OR CARTS
OFFICE OF THE CITY CLERK
LOCKPORT, ILLINOIS 60441**

\$25.00 Annual Fee

Please fill out as thoroughly as possible.

Please print.

DATE: _____

CORPORATION NAME: _____

BUSINESS NAME (DBA): _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: () _____

APPLICANT'S FULL NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S DATE OF BIRTH: _____

APPLICANT'S LAST FOUR DIGIT'S OF SOCIAL SECURITY: _____

DRIVER'S LICENSE/STATE I.D. NO _____

(Please provide a copy)

EMAIL ADDRESS: _____

VEHICLE INFORMATION:

YEAR _____ MAKE _____ MODEL _____ COLOR _____

LICENSE PLATE NO. _____

(If more than one vehicle please list on a separate sheet of paper)

WILL YOU BE USING A CART? _____ YES _____ NO

ADDRESS OF THE LOCATION WHERE THE FOOD TRUCK WILL BE PARKED:

IS THIS CITY OWNED PROPERTY? ____ YES ____ NO

IS THIS PRIVATELY OWNED PROPERTY? ____ YES ____ NO
(Please provide a copy of Owner's approval)

HOW MANY DAYS PER WEEK WILL THE FOOD TRUCK BE OPERATING AT THIS LOCATION? _____

VEHICLE INSURANCE COMPANY NAME, POLICY NUMBER, EXPIRATION DATE:
(Please provide a copy)

FULL NAME, ADDRESS, AND DATE OF BIRTH OF ALL EMPLOYEES WHO WILL BE OPERATING THE
VEHICULAR FOOD VEHICLE OR CART:

IF GRANTED A LICENSE HEREUNDER, WILL YOU OBEY THE ORDINANCES OF THE CITY?
_____ YES _____ NO

For and in consideration of investigation and consideration by the City of the propriety of issuing said license, the undersigned forewith deposits the license fee required hereunder and agrees to be bound by all the terms and conditions of Chapter 110.80 of the Lockport Municipal Code of the City of Lockport, governing the terms of issuance of said license and refund of any monies deposited and also all terms and conditions of the Ordinance under which application for license is hereby made. Further, that the terms hereof become a part of said license when and if issued.

Applicant's Signature/Date

IMPORTANT:

These documents must be attached to your Food Dispensing Vehicles or Carts License Application:

1. Valid copy of Vehicle Insurance
2. Valid Will County Health Department Inspection Report
3. Copy of Driver's License and/or State I.D.

NOTE: You will need to contact the Lockport Police Department at 815-838-2132 and schedule an appointment to have your truck inspected and to obtain an I.D. Badge.