

CITY OF LOCKPORT
APPLICATION FOR
FOOD DISPENSING VEHICLE/POP-UP TENT/CART
LICENSE

\$25.00 Annual Fee for a One 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, sidewalks, and parking lots 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 VEHICLE/POP-UP TENT/CART LICENSE
OFFICE OF THE CITY CLERK
LOCKPORT, ILLINOIS 60441**

\$25.00 Annual Fee for a One Year License

Please print legibly. All information and supplemental information must be completed and submitted. **Incomplete forms will be returned.**

DATE: _____

CORPORATION NAME: _____

BUSINESS NAME (DBA): _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: () _____

APPLICANT'S FULL NAME: _____

APPLICANT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

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

(Please provide a copy if you have a Food Dispensing Vehicle)

FOOD DISPENSING VEHICLE INFORMATION:

YEAR _____ MAKE _____ MODEL _____ COLOR _____

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

VEHICLE INSURANCE COMPANY NAME, POLICY NUMBER, EXPIRATION DATE:

(Please provide a copy)

WILL FOOD DISPENSING VEHICLE BE PARKED AND OPERATING AT ONE LOCATION LONGER THAN FOUR (4) DAYS? _____ YES _____ NO

IF SO, PLEASE PROVIDE THE ADDRESS OF THE LOCATION WHERE THE FOOD DISPENSING VEHICLE WILL BE PARKED? (Must have Owner and City approval)

HOW MANY DAYS WILL THE FOOD DISPENSING VEHICLE BE PARKED AND OPERATING AT THIS LOCATION?

IS THIS CITY OWNED PROPERTY? _____ YES _____ NO

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

POP-UP TENT/CART INFORMATION:

WILL YOU BE USING A CART? _____ YES _____ NO

WILL YOU BE USING A POP-UP TENT? _____ YES _____ NO

ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL:

The following items must be submitted with the application:

- A valid copy of Vehicle Insurance
- A valid copy of Will County Health Department Inspection Report and/or Temporary Permit Receipt (please call Will County Health Department 815-774-6084 or 815-727-8490 to apply)
- A valid copy of Will County Health Department Restaurant and Food Service Inspection Report (for established restaurant businesses only)
- Copy of Driver's License and/or State I.D.
- Copy of Property Owner's approval (if on private property)
- \$25.00 annual one year license fee (check made payable to the City of Lockport)

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

This license allows Vehicular Food Vendors, self-powered or otherwise, to operate in the City of Lockport for one year.

For and in consideration of investigation and consideration by the City of the propriety of issuing said license, the undersigned forthwith 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

PLEASE EMAIL COMPLETED APPLICATION TO:

Donna Tadey, City Clerk's Office at dtadey@lockport.org