



2550 North Annie Glidden Road, DeKalb, IL 60115
 Main 815-758-6673 Fax 815-748-2485
www.dekalbcountyhealthdepartment.org
food@dekalbcounty.org

2019 Application for Mobile Vending Unit

Truck _____ Trailer _____ Pushcart _____ (select one)

Business Owner	Name of Business		Licensed Plate/Truck Number		
	Owner's Name			Owner's Phone	
	Owner's Address		City	State	Zip
	Business Email		Business Website		
	Emergency Business Contact:			Business Fax	
	Type of Business <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation/LLC <input type="radio"/> Unit of Government				
Commissary	Name			Phone	
	Address		City	State	Zip
	<i>Submit Commissary Agreement with Application. If commissary is outside of DeKalb County, laste inspction is Required</i>				
Billing	Same As: <input type="radio"/> Owner <input type="radio"/> Commissary <input type="radio"/> Other				
	Billing Contact Name			Billing Contact Phone	
	Billing Address		City	State	Zip
Certificates	Certified Manager Name and Number			Expiration Date	
	Total Employees		Total Employees with Food Handler Certification		
Facility	Business Hours* TO		Days Closed		
	Water Supply <input type="radio"/> Public <input type="radio"/> Private*		*Date of Last Test (Submit Copy of Test Results):		
	Sewage Disposal <input type="radio"/> Public <input type="radio"/> Private*		*Date of Last Inspection (Submit Copy):		

Office Use Only	Establishment Number		Permit Number	
	Permit Fee \$	Class	Approved by Accounting	Approved by EH

Route Sheet

Time Arrive	Time Leave	Name of Company	Address
Event Name	Date of Event	Location	Time

***** MECHANICAL REFRIGERATION REQUIRED *****

Food Preparation Site: _____

(Please check all that apply)

- | | | | |
|------------------|---|---|---|
| Structure: | <input type="checkbox"/> Tent | <input type="checkbox"/> Trailer | <input type="checkbox"/> Building |
| Source of Water: | <input type="checkbox"/> Public | <input type="checkbox"/> Private well | <input type="checkbox"/> Transported |
| Handwashing: | <input type="checkbox"/> Hand sink | <input type="checkbox"/> Dispensed soap | <input type="checkbox"/> Dispensed paper towels |
| | <input type="checkbox"/> Hands-free spiggoted thermos with catch bucket | <input type="checkbox"/> Hand Sink | |
| Utensil Washing: | <input type="checkbox"/> Extra utensils | <input type="checkbox"/> 3 compartment sink | <input type="checkbox"/> 3 Containers |

Sanitizer type _____ Waste Water Disposal Method: _____

Signature: _____	Date: _____
Print Name: _____	

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

VENDOR CLASSIFICATIONS

Mobile Unit with Food Preparation - \$280 (Certified Food Manager Required)

Has few food handling operations and includes facilities that routinely:

- 1) Hold hot or cold food for use that day, or
- 2) Prepare menu items that require minimal handling, or
- 3) Menu items requiring complex preparation are prepared from canned, frozen, or fresh-prepared foods to limit handling.

Mobile Unit without Food Preparation - \$180

Have few or no food handling operations and include facilities that routinely:

- 1) Serve only pre-packaged foods, or
- 2) Prepare and serve only non-potentially hazardous food such as snack foods or soda, or
- 3) Serve only non-alcoholic or alcoholic beverages.