



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

2020 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

