

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

2021 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:			Total # Employees	
	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(s) Name and Number(s)			Expiration Date	
Facility	Business Hours/ 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	

