

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

2024 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

