



Village of Beecher

625 Dixie Highway
PO Box 1154
Beecher, Illinois 60401
Phone: 708-946-2261
Fax: 708-946-3764
www.villageofbeecher.org

LICENSE # _____

MOBILE FOOD VENDOR LICENSE APPLICATION

APPLICANT INFORMATION

APPLICANT NAME (first, middle, last): _____

HOME ADDRESS (street, city, state, zip): _____

PRIMARY PHONE: (____) _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____ M () F ()

DRIVER'S LICENSE NUMBER: _____ STATE: _____

Has the applicant ever been convicted of a violation of any provisions of this article? Yes () No ()

Has the applicant ever been convicted of a felony under the laws of Illinois or any other state?
Yes () No ()

CURRENT EMPLOYMENT INFORMATION

EMPLOYER'S NAME: _____ PRIMARY PHONE (____) _____

EMPLOYER'S ADDRESS (street, city, state, zip): _____

VENDOR BUSINESS INFORMATION

VENDOR BUSINESS NAME: _____

VENDOR BUSINESS ADDRESS (street, city, state, zip): _____

VENDOR BUSINESS PHONE (____) _____ CELL PHONE: (____) _____

STATE OF ILLINOIS SALES TAX NUMBER: _____

WILL COUNTY HEALTH DEPARTMENT PERMIT NUMBER: _____

TYPE(S) OF FOODS SOLD: _____

VENDING AREA(S): _____

LICENSE EFFECTIVE: From _____ To _____



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VEHICLE INFORMATION

NAME ON VEHICLE _____ VIN # _____

LICENSE PLATE # _____ MAKE/MODEL: _____

INSURANCE INFORMATION

The applicant shall furnish the Village with an original Certificate of Insurance naming the Village of Beecher as an additional insured. The certificate shall be issued by a company licensed in the State of Illinois, approved by the Village, and covering any and all liability. The following minimum coverage limits are required: Commercial General Liability (\$1,000,000 per occurrence/\$2,000,000 in the aggregate).

Certificate of Insurance has been provided Yes () No ()

The applicant must sign a Hold Harmless Agreement, agreeing to indemnify the Village of Beecher against any and all actions arising from, during, or as a result of the event.

Signed Hold Harmless Agreement has been provided Yes () No ()

I certify that I intend to conduct all mobile vending operations in compliance with Village ordinances.

(Signature) (Printed Name) (Date)

Approved this _____ day of _____
Village Clerk

Paid _____
Amt Date