

VILLAGE OF TISKILWA
TRANSIENT VENDOR/SOLICITOR REGISTRATION

NAME OF COMPANY _____

CONTACT PERSON _____ PHONE NO. _____

LIST ALL PERSONS WHO WILL BE INVOLVED IN VENDING/SOLICITING:

VEHICLE DESCRIPTION(S): _____
REGISTRATION PLATES(S): (STATE & ID) _____

LIST PRODUCTS TO BE SOLD OR REPRESENTED: _____

DATES OF VENDING/SOLICITATION: _____

THE FOLLOWING MUST BE PROVIDED WITH THE APPLICATION:

1. A copy of a valid driver's license of the individual that will be operating the mobile food vendor unit;
2. A copy of the Illinois registration for the mobile food vendor unit.
3. Proof of registration as a business with the Illinois Secretary of State;
4. Proof of an employer tax identification number;
5. Proof of insurance in the amount required by this chapter;
6. A liability insurance policy covering the subject vehicle and/or trailer.
7. A copy of the Food Handlers Certificate for each employee as required by the Illinois Department of Public Health; and
8. A copy of the proper mobile food vendor unit license from the Illinois and/or Bureau County Health Department.

Permit shall provide a certificate of insurance to the Village of Tiskilwa Clerk, insuring the applicant, and explicitly naming the Village of Tiskilwa as co-insured, against liabilities and in the amounts relative to such activity:

1. Commercial general liability of not less than \$500,000;
2. The Insurance shall provide for 30 days prior written notice to the Village of Tiskilwa if coverage is changed, canceled or non-renewed.

******ANYONE ENGAGED IN TRANSIENT VENDING OR SOLICITING MUST PROVIDE PHOTO ID, AND EACH BE ABLE TO PASS A BACKGROUND CHECK*******

BY SIGNING BELOW YOU HAVE AGREED TO FOLLOW ALL VILLAGE ORDINANCES SET FORTH AND UNDERSTAND CLEARLY THE REPERCUSSIONS IF THEY ARE NOT FOLLOWED.

APPLICATIONS SHOULD BE TURNED INTO THE VILLAGE OFFICE AT:
223 WEST MAIN ST TISKILWA, IL 61368

SIGNATURE OF

APPLICANT: _____ DATE _____