

CITY OF EFFINGHAM
APPLICATION OF REGISTRATION
MOBILE FOOD SERVICE ESTABLISHMENTS

Certificate/Application Number: _____

*** IF APPLICATION IS NOT COMPLETE, NO CERTIFICATE WILL BE ISSUED ***

No person shall operate, conduct, or maintain a mobile food service establishment within the corporate limits of the City of Effingham, Illinois, unless such person, shall have first obtained a duly issued and authorized permit issued by the City of Effingham, Illinois, authorizing such mobile food service establishment.

Applicant's Name: _____ Social Security Number: _____

Date of Birth: _____ Sex: _____ Cell Number: _____

Driver's License No. (attach copy): _____

Business Name:

Permanent Business Street Address:

City: _____ State: _____ Zip Code: _____

If Applicant has partnership, corporation, or limited liability corporation, list the name and residence address of each officer, shareholder, etc.:

Last	First	MI	Sex	DOB	SSN	Driver's License No. (attach copy)
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Last	First	MI	Sex	DOB	SSN	Driver's License No. (attach copy)
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Last	First	MI	Sex	DOB	SSN	Driver's License No. (attach copy)
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Last	First	MI	Sex	DOB	SSN	Driver's License No. (attach copy)
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(For additional officers, shareholders, etc. attach a separate sheet)

Detailed description of food and/or beverages to be sold in or through the mobile food service establishment:

Location(s) Establishment will operate:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

(For additional addresses attach a separate sheet)

Date(s) and time establishment will operate:

Type of Permit (Choose one): Annual Permit _____ One-Day Permit: _____
(Must pay applicable fee)

Vehicle Description:

License #: _____ State: _____ Year: _____

Type: _____ Color: _____ Year: _____

Make: _____ Model: _____

Registration Number under Retailer's Occupation Tax Act: _____

Illinois Department of Revenue sales tax number: _____

Has applicant ever been convicted of a violation of any of the provisions of the City's regulations concerning mobile food service establishments or has applicant had a mobile food permit revoked? If the applicant is a partnership, corporation, or limited liability company, has any officer, shareholder, member, partner of said partnership, corporation, or limited liability company ever been convicted of a violation of any of the provisions of the City's regulations concerning mobile food service establishments or had a permit revoked: Yes: ____ No: ____

Has any applicant ever been convicted of a felony of any state or federal law or a registered sex offender? if the applicant is a partnership, corporation, or limited liability company, has any officer, shareholder, member, partner of said partnership, corporation, or limited liability company ever been convicted of the commission of a felony under the laws of the State of Illinois or any other state or federal law of the United States or is a registered sex offender: Yes: ____ No: ____

If the applicant seeks a permit to operate a mobile food service establishment on City property or right-of-way, provide:

1. Attach copy of proof of registration with the county health department and/or proof of a certified food protection management certificate.
2. Applicant must furnish and maintain public liability and property damage insurance as well as protect applicant, property owner, and the city from all claims from damage to property or bodily injury, including death, which may arise from operations under the permit or in connection therewith. The insurance shall provide coverage of not less than one hundred thousand dollars (\$100,000.00) for bodily injury for each person, three hundred thousand dollars (\$300,000.00) for each occurrence and not less than fifty thousand dollars (\$50,000.00) for property damage per occurrence. The insurance shall be without prejudice to coverage otherwise existing, and shall have as additional insured the city, its officers and employees, on a primary, non-contributory basis, and shall further provide that the policy shall not terminate or be canceled prior to the expiration of the permit without thirty (30) days' written notice to the city clerk. Attach copy of the required certificate of insurance.
3. Attached fully-executed Indemnification and Hold Harmless Agreement.

I agree, under oath, that the above is true and correct.

Signature

Date

I agree that the above is true and correct.

Signature

Date

For office use: Obtain copies of following:

- Copy of State Issued ID or Driver's License
- Certificate of Insurance (if on Public Property)
- Proof of Registration with Effingham County Health Department and/or Certified Food Protection Management Certificate
- Permit Fee: