



North Aurora Police Department
200 S Lincolnway, North Aurora, IL 60542
P: 630-897-8705 F: 630-897-8705
www.northaurora.org

APPLICATION FOR MOBILE FOOD VENDOR PERMIT

Date of Application _____

Annual Permit Fee \$50.00

Business Name _____

Business Owner's Name _____

Business Owner's Address _____ City _____ State _____ Zip _____

Date of Birth _____ Phone Number _____

Hair Color _____ Eye Color _____ Height _____ Weight _____ Male _____ Female _____

Valid Vehicle Registration _____ Valid Driver's License _____ Proof of Current Insurance _____

No mobile food vendor permit will be issued without a permit issued by the Kane County Department of Health. A copy of a signed and approved Kane County Health Department Permit must be included as part of this application.

NAME, ADDRESS, PHONE NUMBER AND DATE OF BIRTH FOR ALL OPERATORS OF MOBILE FOOD VENDING VEHICLES FOR THIS BUSINESS:

Operator #1 Name _____

Operator Address _____

Date of Birth _____ Phone Number _____

Hair Color _____ Eye Color _____ Height _____ Weight _____ Male _____ Female _____

Valid Vehicle Registration _____ Valid Driver's License _____ Proof of Current Insurance _____

List Previous Residences for the last three years: From: _____ To: _____

Street Address

City

State

Zip

.....
Operator #2 Name _____

Operator Address _____

Date of Birth _____ Phone Number _____

Hair Color _____ Eye Color _____ Height _____ Weight _____ Male _____ Female _____

Valid Vehicle Registration _____ Valid Driver's License _____ Proof of Current Insurance _____

List Previous Residences for the last three years: From: _____ To: _____

Street Address City State Zip

.....
Operator #3 Name _____

Operator Address _____

Date of Birth _____ Phone Number _____

Hair Color _____ Eye Color _____ Height _____ Weight _____ Male _____ Female _____

Valid Vehicle Registration _____ Valid Driver's License _____ Proof of Current Insurance _____

List Previous Residences for the last three years: From: _____ To: _____

Street Address City State Zip

SECURITY DATA

Have you ever been found guilty of a felony and/or any crime involving moral turpitude under the laws of this state or any other state or federal law of the United States? Yes No

If "yes" provide details below:

List any and all criminal convictions for applicant and all Operators (except minor traffic violations) and include any driving under the influence offenses. *Use additional sheet if necessary.*

Date _____ Police Agency _____ Crime charged _____

Disposition of Case: _____

SIGNATURE

The person(s) having executed this application states the information set forth herein is true and correct to the best of his/her knowledge.

The undersigned hereby makes application for a mobile food vendor permit and acknowledges that he/she has read, understand, and will obey the provisions of the Village of North Aurora Municipal Code regulating mobile food vendors in the Village of North Aurora, County of Kane, Illinois.

Dated this _____ day of _____, 20_____

Applicant/Owner Name (please print) _____

Signature of Applicant/Owner _____

For Office Use:

Permit Fee (\$50.00) paid _____ Date Approved _____

Proof of Insurance _____ Permit Expiration Date _____

Kane County Health Department Permit (signed/approved) _____