



Elk Grove Village Community Development Department
 Environmental Health Division
 901 Wellington Ave. Elk Grove Village, IL 60007
 Phone: 847-357-4240 Fax: 847-357-4250

APPLICATION FOR MOBILE FOOD VENDING PERMIT

Company Information:

Name _____ Address _____

Phone _____ City/State/Zip _____

Commissary Information:

Name _____ Address _____

Phone _____ City/State/Zip _____

Driver Information:

Name _____ Address _____

Driver License # _____ City/State/Zip _____

Vehicle License # _____ Route # _____

THE ISSUANCE OF A MOBILE FOOD VENDING PERMIT IS CONTINGENT UPON RECEIPT OF THE FOLLOWING:

- PROOF OF APPROVED FOOD SOURCE. If your food service business or commissary is located outside Elk Grove Village, you **must** provide the Department with a current inspection report from a recognized Health Agency.
- COMPLETED ROUTE MAP. Please submit an accurate list of all stops made in Elk Grove Village. Include the time and the location's name and address for each stop.

I herby confirm that all information submitted above is correct and accurate. Any future changes to this application form or route map must be re-submitted and approved by the Health Services Department.

Signature _____ **Date** _____

Please refer to your yellow copy of the mobile vending inspection report for any additional requirements.
 All permits expire on May 31st. Failure to renew your license by June 1st may result in fines of up to \$100 per day of violation.

(FOR OFFICE USE ONLY)

Approved _____ **Permit # Issued** _____ **Rejected** _____

Inspector _____ **Date** _____

MOBILE VENDING ROUTE MAP

THIS FORM **MUST** BE COMPLETED AND SUBMITTED AT THE TIME OF INSPECTION.

PLEASE LIST ALL STOPS MADE WITHIN ELK GROVE VILLAGE:

Name of Location/Business:	Address:	Time:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

(FOR OFFICE USE ONLY)

Vendor Name: _____ **Bus. License #** _____

Driver Name: _____ **Driver Permit #** _____