

GRUNDY COUNTY HEALTH DEPARTMENT  
1320 UNION STREET  
MORRIS, IL. 60450  
(815) 941-3115



MOBILE VENDOR PERMIT APPLICATION

Please Complete a Separate Application for Each Mobile Unit

CONTACT INFORMATION

**Business Name:** \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Business Owner:** \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

VEHICLE INFORMATION

**Vehicle Owner/Operator:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Vehicle License Plate #: \_\_\_\_\_  
Vehicle Identification # \_\_\_\_\_  
Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

DESCRIPTION OF PRODUCT BEING SOLD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEE SCHEDULE

Low Risk and Ice Cream Truck/Cart:	\$130.00
Medium Risk:	\$200.00
High Risk:	\$250.00

*\*Servicing area information must be provided to process permit application.\**

ALL FEES PAID ARE NON-REFUNDABLE

\*\*\*\*\*

FOR OFFICE USE ONLY

Permit# \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_  
Receipt # \_\_\_\_\_ Amount Received \_\_\_\_\_ Cash / Check# \_\_\_\_\_

Grundy County Health Department  
Servicing Area Agreement

Mobile Food Establishment (MFE) Name:

\_\_\_\_\_

Owner/manager name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mobile Food Establishment (MFE) Risk level:

Low

Medium

High

**Servicing area is a permitted facility** or location where food, and food related articles can be stored, as well as food related equipment and paper products. Also where you may be cleaning items that can't be cleaned in your truck or trailer.

Name of the servicing area facility: \_\_\_\_\_

Services that will be provided to the MFE:

(Describe in detail/Attach separate sheet if necessary)

Approved potable water source \_\_\_\_\_  
(well/city water describe)

Food storage area \_\_\_\_\_

Cleaning area for MFE \_\_\_\_\_

Utensil washing area \_\_\_\_\_

Overnight storage of MFE \_\_\_\_\_

Equipment and utensil storage area \_\_\_\_\_

Overnight refrigeration/freezer How many of each unit,  
describe \_\_\_\_\_

Waste water disposal location or  
method \_\_\_\_\_

***Above items must be completed or a permit will not be issued.***

**Owner of Servicing Facility:**

\_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Servicing facility health permit issued by:**

\_\_\_\_\_

**(Attach copy of food establishment permit)**

**I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_



Grundy County Health Department  
*Preserve, Protect and Promote Public Health*