

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

**COMMISARY INFORMATION**

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**\*Please attached health permit for commissary along with lease and/or agreement.\***

**FEE SCHEDULE**

Mobile Vendor - Ice Cream Truck/Cart:	<u>\$125.00</u>
Mobile Vendor ó Hot Dog Cart:	<u>\$160.00</u>
Mobile Vendor ó Food Truck:	<u>\$200.00</u>

**ALL FEES PAID ARE NON-REFUNDABLE**

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FOR OFFICE USE ONLY

Permit# \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount Received \_\_\_\_\_ Cash / Check# \_\_\_\_\_