

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>\$130.00</u>
Mobile Vendor – Hot Dog Cart:	<u>\$170.00</u>
Mobile Vendor – Food Truck:	<u>\$200.00</u>

ALL FEES PAID ARE NON-REFUNDABLE

FOR OFFICE USE ONLY

Permit# _____ Date Received _____ By _____

Receipt # _____ Amount Received _____ Cash / Check# _____