



City of Springfield
Office of Public Works
300 S. 7th St., Room 203
Springfield, Il 62701

FOR OFFICE USE ONLY
PERMIT #: _____
PERMIT #: _____
DATE SUBMITTED: _____
TIME: _____
STAFF: _____

MOBILE FOOD VENDOR APPLICATION

The following must be submitted for the application to be considered for review:

<p><input type="checkbox"/> Application Fee, \$250.00 yearly; \$50.00 14 day temporary</p> <p><input type="checkbox"/> Approved Mobile Food Service Permit from Sangamon County Health Department</p> <p><input type="checkbox"/> Certificate of Liability Insurance Must be a \$1,000,000 liability policy naming the City of Springfield as additionally insured specifically relating to city property or right-of-ways.</p> <p><input type="checkbox"/> Private Property Consent Form</p> <p><input type="checkbox"/> Sketch of location to be used</p> <p>_____</p> <p>Address of Primary Location: _____</p> <p>_____</p> <p>_____</p>

UNIT INFORMATION:

Name: _____
Make: _____ Model: _____
Year: _____ Vehicle Identification No.: _____
License Plate No.: _____ Color: _____

TYPE OF VENDOR:

- Street Vending Unit
- Sidewalk Vending Unit
- Parking Lot Vending Unit

UNIT CONTACT INFORMATION (Primary Contact for the unit while in route):

Name: _____ Driver's License No: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Email Address _____
Phone No.: _____ Fax No. _____

BUSINESS OWNER INFORMATION:

Name: _____ Driver's License No: _____
Business Name: _____
Business Tax Identification No.: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Email Address _____
Phone No.: _____ Fax No. _____

UNIT LOCATIONS AND TIME(S) OF OPERATION:

Address #1 _____

List the days of the week the food unit will be in operation: _____

List the daily times of operation: **From:** _____ am/pm **To:** _____ am/pm

Will the food unit be removed from the premises at the end of the day? **YES** _____ **NO** _____

Will the food unit be removed from the premises every 2 weeks? **YES** _____ **NO** _____

(If NO, then the food unit sinks will need to be hard piped to a sewer as per county requirements, and this shall proceed as a normal building permit, rather than a mobile food truck)

Address #2 _____

List the days of the week the food unit will be in operation: _____

List the daily times of operation: **From:** _____ am/pm **To:** _____ am/pm

Will the food unit be removed from the premises at the end of the day? **YES** _____ **NO** _____

Will the food unit be removed from the premises every 2 weeks? **YES** _____ **NO** _____

(If NO, then the food unit sinks will need to be hard piped to a sewer as per county requirements, and this shall proceed as a normal building permit, rather than a mobile food truck)

Please attach additional sheets if necessary.

COMMENTS:

PROPERTY OWNER CONSENT FORM

Please complete Property Owner Consent Form for ALL locations of Operation.

The applicant for the City of Springfield Mobile Vendor Permit has my permission to operate on my property under the requirements and conditions specified by ordinance by the City of Springfield.

APPLICANT INFORMATION:

Name: _____

Business Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email Address _____

Phone No.: _____ Fax No. _____

LOCATION INFORMATION:

Owner Name: _____

Business Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email Address _____

Phone No.: _____ Fax No. _____

SIGNATURES:

I hereby certify that all information provided herein is true and correct.

Applicant:

Property Owner:

NOTARY:

Personally appeared before me the above Owner named _____ who on oath says he/she is owner of the above listed property and all the above statements are true to the best of his/her knowledge.

Notary Public Signature

Date

Date Commission Expires

CITY OF SPRINGFIELD
Building Site Plan

PROPERTY ADDRESS: _____

OWNER: _____

PROPOSED USE: _____

Indicate ALL new and/or existing structures on the property.

Street _____

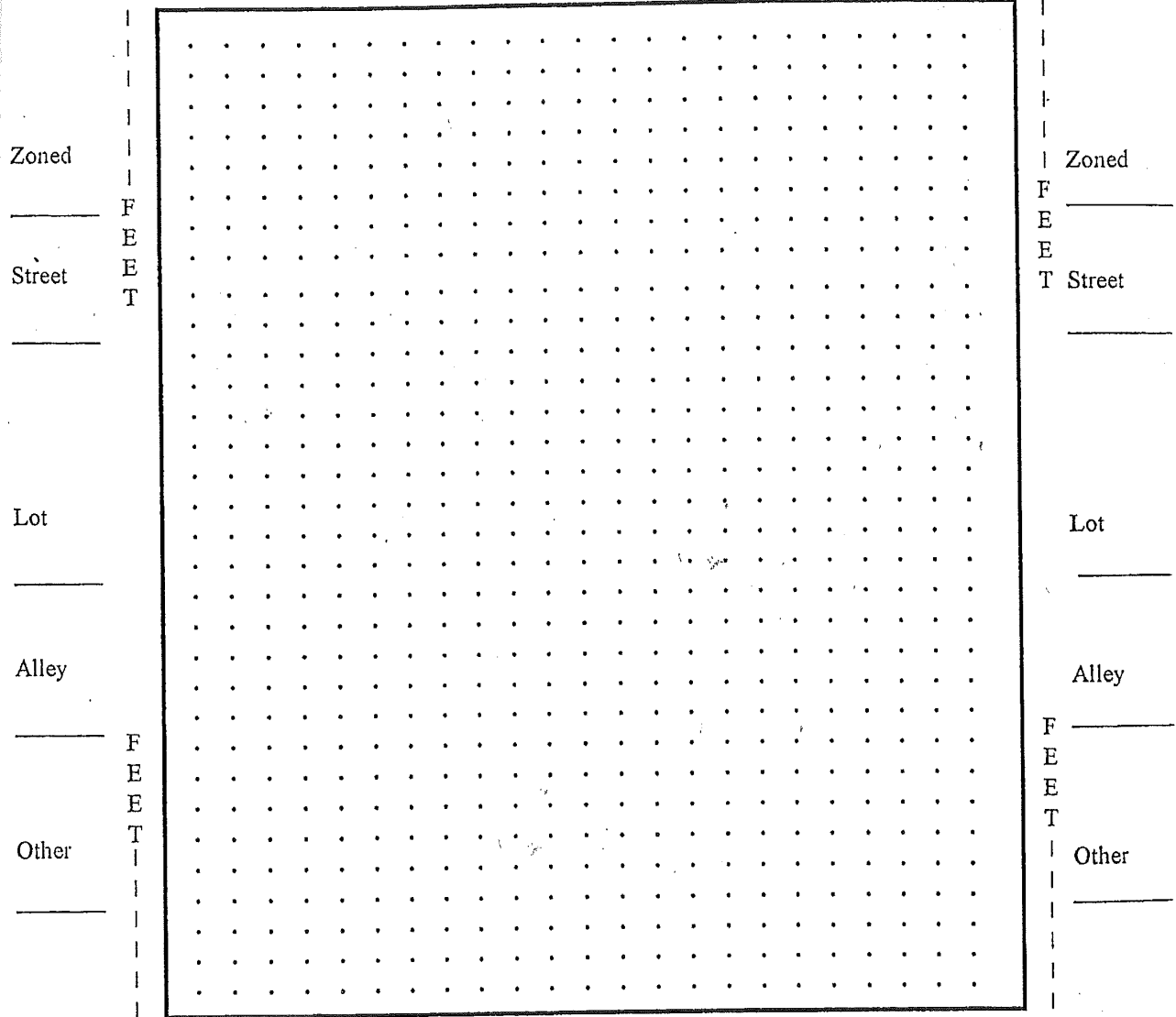
Alley _____

Lot _____

Other _____

Zoned _____

X ----- FEET FEET ----- X



X ----- FEET FEET ----- X

Street _____

Alley _____

Lot _____

Other _____

Zoned _____

PERMIT REVIEW

OFFICE OF PUBLIC WORKS:

Planning Coordinator Examiner Date
 Approved Denied Building Permit Needed YES _____ NO _____

Zoning Administrator Date
 Approved Denied

Traffic Engineer Date
 Approved Denied

Parking Date
 Approved Denied

Director Date
 Approved Denied