



MOBILE OR ITINERANT VENDOR PERMIT APPLICATION

Business Name: _____

Tax Filing Name: _____

Name of Applicant: _____

Applicant Business Address: _____

Applicant Phone Number: _____

Applicant Email Address: _____

TIN/FEIN: _____

Applicants SSN: _____

Vehicle Description Make and Model: _____ Year: _____
(used to distribute product.)

Color: _____ License Plate: _____

Driver's License Number: _____

Expiration Date: _____

Applicants Date of Birth: _____

Please attach copies of the following to this application, and include the \$25.00 fee:

- Certificate of registration under the Illinois Retailer's Occupation Tax Act
- Driver's License
- Marion County or Home County Health Department Food Permit
- Public Liability Insurance Policy covering the subject vehicle
- Sworn Statement of any prior criminal convictions

** Please note: If any other drivers will be operating the vehicle under the permit, they will be required to file a sworn Statement of Prior Criminal Convictions, as well.

For Office Use Only:

Date: _____ Received by: _____ Approved: Y / N

If No, Reason: _____ Authorized Signature: _____



Sworn Statement of Criminal Conviction

Circle One: Applicant Employee

Name: _____

Date of Birth: _____

Home Address: _____

Social Security No.: _____

My signature below affirms that pursuant to City of Salem Ordinance 2004-17 and in compliance thereof, I have never been convicted of a felony, nor am I, nor have I ever been, a registered sex offender. I understand that if I provide false information on this statement, my license to operate under the Mobile Vendor Ordinance can be revoked.

Signature: _____

Printed Name: _____

Date: _____

Witness Signature: _____

Witness Printed Name: _____