VILLAGE OF TOLONO MOBILE FOOD VENDOR PERMIT APPLICATION

Please Print Legibly

Company Name	Food Truck Name (if different than company name)
Company Permanent Address	Company Phone #
Company Management Contact Person	Management Contact Person Phone #
Employee 1 Name/ Title	Employee 2 Name/ Title
Vehicle Description (Year/ Make/ Model)	Plate#/ State of Registration
Type of Food/ Beverage Being Sold	YES / NO (circle one) Do you have self-contained utilities/trash?
Address Where Vehicle Will Be Parked	YES / NO (circle one) Do you have permission to park here?
I understand, when approved, the Mobile Food calendar year starting January 1 ending on Dec shall change, I will contact the Village of Tolono	cember 31. If any information on this application
I have read Chapter 111 of the Tolono Municipal Mobile Food Vendors. I understand and agree further understand that if I do not abide by the crevoked.	to abide by the ordinances contained within. I
Employee 1 Signature	Employee 2 Signature

Office Use Only:

Date Submitted:	Date Approved:	Approved By:
Date Paid:	Payment Type:	Receipt Number:
Photo ID of Both Employees Attached: YES / NO State License Attached: YES / NO If no, reason why:		
Complaints by Residents:		
(Date/ Time/ Resident's Name & Address, Complaint)		
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