



## Village of Rochester

1 Community Drive  
Rochester, IL 62563  
Phone: 217-498-7192  
Fax: 217-498-8637

# Food Truck Vendor Application

Fixed Point Vendor \_\_\_\_\_ (Will conduct business from 1 fixed place in the village for a period of time)  
**Fee: \$300 per month**

Special Event Vendor \_\_\_\_\_ (Will conduct business for a series of hours on a specific date)  
**Fee: \$50.00 per event per day**

Per ordinance 19-09, each applicant will be required to submit the following information to be considered for approval of a Food Truck Vendor Permit:

- Name, address, and Federal employer identification of the business;
- A brief description of the nature of the business;
- Name and address of applicant;
- The length of time and the hours of operation the applicant wishes to be engaged in such activity;
- A description of the vehicle, trailer, or cart including any license plate number or other means of identification;
- A drawing depicting the location of the vehicle, trailer, or cart and identifying any additional requirements as required in this chapter.
- Proof of Sangamon County Health Department Certificate
- Proof of valid insurance as well as valid registration

**Permit Fee is due at time of application.**

**RETURN COMPLETED APPLICATION AND ATTACHMENTS TO VILLAGE HALL DURING NORMAL BUSINESS HOURS.**

**Business Information**

FEIN NUMBER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF GOODS BEING SOLD: \_\_\_\_\_

\_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

**Primary Applicant Information**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: (\_\_\_\_\_) \_\_\_\_\_ DR LIC #: \_\_\_\_\_ STATE: \_\_\_\_\_

**CRIMINAL HISTORY:** Excluding traffic offenses NOT involving the use or misuse of alcohol, have you ever, since your 17<sup>th</sup> birthday, been arrested for or convicted of, a City, State or Federal criminal offense of any kind, or an ordinance violation which was liquor related? (If yes, please provide the following on a separate attachment: Date of arrest, County/State, Police Agency involved, Offense, Disposition, Date, Sentence)

YES \_\_\_\_\_ NO \_\_\_\_\_ Initials \_\_\_\_\_

**Vehicle and Driver's License Information**

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ BODY TYPE: \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_ INSURANCE CO: \_\_\_\_\_

I, the undersigned, certify that there are no willful misrepresentations, omissions or false statements made by me in this questionnaire; and all of my answers are true and correct to the best of my knowledge and belief. I understand that knowingly false statements, misrepresentations or omissions will result in denial of my application for a permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

---

**FOR OFFICE USE ONLY:**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Health Dept Certificate: \_\_\_\_\_

Vehicle Insurance Card: \_\_\_\_\_

Vehicle Registration: \_\_\_\_\_

Location Drawing: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION  
TO THE ROCHESTER POLICE DEPARTMENT**

**PERMIT APPLICANT \_\_\_\_\_ OWNER or PARTNER \_\_\_\_\_**

.....

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to a duly authorized agent of the Rochester, Illinois, Police Department whether said records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of criminal arrest records, efficiency ratings and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an arrest.

I understand as an individual, partner, limited partner or general partner applicant that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for a food truck permit by the Village of Rochester.

I understand as a owner any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon release authorization will be considered in determining my suitability to act as owner for a food truck permit by the Village of Rochester.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of the release or collection of such information.

I also understand this authorization to furnish information is executed in consideration of the processing of my application pending before the Village of Rochester.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

\_\_\_\_\_  
**\*\*Witness**

\_\_\_\_\_  
**Signature**

**\*\* Please note entire background questionnaire is invalid if not signed by a witness of your signature.**

\_\_\_\_\_  
**Maiden Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**SS#**