

**Village of Mokena**

Community Development Department  
11004 Carpenter St, Mokena, IL 60448  
(708) 479-3900  
[communitydevelopment@mokena.org](mailto:communitydevelopment@mokena.org)

|                |                |
|----------------|----------------|
| Office<br>Use: | Date Received: |
|                | Date Issued:   |
|                | Fee Amount:    |

**Mobile Food Vendor License Application**

**A copy of the current Operating Permit issued by the Will County Health Department must be attached to the application. Applicants are also required to provide a complete menu of all food and beverage items to be sold, along with proof of vehicle insurance that is valid for the duration of the license period. Applicants must contact the Mokena Fire Protection District to schedule inspections. A license fee of \$75.00 must be attached at the time of submission.**

**General Information**

Company Name: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner Phone Number: \_\_\_\_\_ Owner E-Mail: \_\_\_\_\_  
Illinois Business Tax Number: \_\_\_\_\_ - \_\_\_\_\_

**Vehicle Information**

License Plate Number: \_\_\_\_\_ VIN Number: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_  
Insurance Company Phone Number: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Insurance Expiration Date: \_\_\_\_\_

**Certification of Applicant**

*"I hereby certify that all information provided by me in this application are true and correct to the best of my knowledge, information, and belief"*

Owners Printed Name: \_\_\_\_\_  
Owners Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_