The City of Salem
Department of Police

The Spirit and Space of Southern Illinois

201 South Rotan, Salem, Illinois 62881 Phone: 618/548-2232, Fax: 618/548-7793

"Mobile Food or Liquid Vendor" Application

Name of Applicant _____

Applicant Date of Birth _____

Applicant Business Address _____

_____

Applicant Home Address _____

_____

Applicants Social Security Number: _____

Vehicle Description used to distribute product:

Make and Model _____
Year _____
Color _____
License Plate Number _____

Drivers License Number and expiration date: _____

Applicants Date of Birth _____

Please attach to this application copies of the following:

-Certificate of Registration under the Illinois Retailer's Occupation Tax Act
- Drivers License
-Marion 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 vehicle under this permit, they will be required to file a Sworn Statement of prior criminal convictions as well.

Office use only Date_____ Received by_____ Approved Yes/No
If no, reason:_____ Authorized Signature _____

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Sworn Statement of Criminal Convictions

Applicant/Employee
(circle one)

Name _____

Date of Birth _____.

Home Address _____

_____

Social Security Number _____

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, or 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 Food or Liquid Vendor" ordinance can be revoked.

Signed _____

Name Printed _____

Date _____

Witness _____

Witness Name Printed _____