



United City of Yorkville
651 Prairie Pointe Drive
Yorkville, Illinois 60560
630-553-4350

Application for Mobile Vendor Registration on Public Property

Please print legibly in ink or type application.

Registration Term – January 1 through December 31

Registration Fee – \$200.00; includes first mobile vehicle/truck or pushcart (non-refundable)

Additional mobile vehicle/truck or pushcart fee: \$100.00 each (non-refundable)

Please check the type of registration being applied for: Mobile Food Vendor ☐ or Mobile Retail Vendor ☐

SECTION 1. BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone: _____ Business Email: _____

Type of Business: _____

Length of time the Applicant has been in a business of this type: _____ Tax Exempt? Yes ☐ No ☐

Illinois Business Tax Number (IBT): _____

SECTION 2. APPLICANT INFORMATION

Applicant Name: _____

Present Address: _____

Length of time the Applicant has been at this address: _____

Mailing Address (if different): _____

Phone Number: _____ Email: _____

Have you previously applied for registration as a mobile vendor with the City of Yorkville? Yes ☐ No ☐

If yes, please list the year that you last applied: _____

Will you familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the United City of Yorkville, pertaining to mobile vendors and abide by all of them? Yes ☐ No ☐

Location for which the license is requested: _____

Item(s) to be sold under this license: _____

Are you a Sole Proprietor? Yes ☐ No ☐ If yes, skip to Section 4



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SECTION 3. BUSINESS OWNERSHIP INFORMATION – CORPORATE / LLC / PARTNERSHIP

Type of Business: Corporation ☐ LLC ☐ Partnership ☐

For Corporations - List each Officer and Director. Also list all shareholders owning 5% or greater of stock.

For LLCs – List LLC Manager and all members of the LLC.

For Partnerships – List each Partner.

Name: _____

Present Address: _____

Phone Number: _____

Position/Title: _____ Percent of Shares Owned: _____

Attach a copy of valid driver's license or state ID card.

Name: _____

Present Address: _____

Phone Number: _____

Position/Title: _____ Percent of Shares Owned: _____

Attach a copy of valid driver's license or state ID card.

Name: _____

Present Address: _____

Phone Number: _____

Position/Title: _____ Percent of Shares Owned: _____

Attach a copy of valid driver's license or state ID card.

Name: _____

Present Address: _____

Phone Number: _____

Position/Title: _____ Percent of Shares Owned: _____

Attach a copy of valid driver's license or state ID card.

*** Please copy this page (if needed) to list all required persons**



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SECTION 4. DRIVER/OPERATOR INFORMATION

Provide full name and address of all persons employed as a mobile vendor vehicle/truck or pushcart vendor.

Name: _____

Present Address: _____

Phone Number: _____ Email (optional): _____

Convicted of a felony? Yes ☐ No ☐

Attach a copy of valid driver's license or state ID card and a 2"x 2" passport style photo.

Name: _____

Present Address: _____

Phone Number: _____ Email (optional): _____

Convicted of a felony? Yes ☐ No ☐

Attach a copy of valid driver's license or state ID card and a 2"x 2" passport style photo.

Name: _____

Present Address: _____

Phone Number: _____ Email (optional): _____

Convicted of a felony? Yes ☐ No ☐

Attach a copy of valid driver's license or state ID card and a 2"x 2" passport style photo.

Name: _____

Present Address: _____

Phone Number: _____ Email (optional): _____

Convicted of a felony? Yes ☐ No ☐

Attach a copy of valid driver's license or state ID card and a 2"x 2" passport style photo.

*** Please copy this page (if needed) to list all required persons**



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SECTION 5. MOBILE VENDOR VEHICLES/TRUCKS OR PUSHCARTS

List all mobile food vehicles/trucks or pushcarts

Make: _____ Model: _____ Year: _____

VIN#: _____ License Plate Number: _____

Make: _____ Model: _____ Year: _____

VIN#: _____ License Plate Number: _____

Make: _____ Model: _____ Year: _____

VIN#: _____ License Plate Number: _____

Make: _____ Model: _____ Year: _____

VIN#: _____ License Plate Number: _____

** Please copy this page (if needed) to list additional vehicles/trucks or pushcarts*

SECTION 6. BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED.

(The questions in this section apply to the applicant and all other persons listed in Sections 3 and 4).

For questions answered "yes", a written, detailed explanation is required and must be attached to this application.

Yes ☐ No ☐ Has the applicant, or any other person listed in sections 3 and 4, ever had a business license or business registration for mobile vendors revoked?

Yes ☐ No ☐ Has the applicant, or any other person listed in sections 3 and 4, ever been convicted of a violation of any section of code or ordinance of the United City of Yorkville or any other Illinois municipality regarding regulation of mobile vendors?

Yes ☐ No ☐ Has the applicant, or any other person listed in sections 3 and 4, ever been convicted of a felony under the laws of the State of Illinois or any other state or federal law?



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SECTION 7. FINGERPRINTING AND BACKGROUND CHECK

All applicants, drivers, and operators shall submit fingerprints as a part of the background check for this application for registration. The applicant, drivers, and operators shall pay the fingerprinting fee set by the Illinois state police for fingerprint submissions.

SECTION 8. INSURANCE

Provide proof that the business for which the registration is being sought currently carries or has secured comprehensive general liability, broad form property damage and blanket contractual liability insurance in a combined single limit amount, per claim and aggregate of at least one million dollars (\$1,000,000.00) covering the applicant's operations. Such insurance shall name the United City of Yorkville as additional insured. A certificate of insurance shall contain provisions that prohibit cancellations, modifications, or lapse without thirty (30) days prior written notice to the city's Clerks Office.

SECTION 9. KENDALL COUNTY HEALTH DEPARTMENT PERMIT

All mobile food vendors are required to obtain a health inspection certificate from the Kendall County Health Department. The Kendall County Health Department can be reached at (630)553-9100, extension 8026.

SECTION 10. VENDING IN CITY PARKS OR CITY PARK PROPERTY

Any mobile vendors wishing to vend in a city park or on city park property, including parking lots, must have a park vending permit from the city's Parks and Recreation Department.

SECTION 11. APPLICATION SUBMITTAL

Before your application can be processed, you **MUST** complete the following requirements:

- ☐ Original signed, notarized, and fully completed mobile vendor application.
- ☐ Copy of tax exempt status (if applicable).
- ☐ Copy of all required Kendall County Health permits (mobile food vendors).
- ☐ Proof of liability insurance from insurance company.
- ☐ Copy of current state or government issued photo ID for all persons listed in this application.
- ☐ 2" x 2" passport style photo for each applicant, driver and operator
- ☐ Section 12 - Waiver Form – must be signed by applicant and all persons listed in Section 4 of application.
- ☐ Registration Fee - \$200.00 for first vehicle/truck or pushcart and \$100.00 for each additional.
- ☐ Fingerprinting fee of \$27.00 per person. Required for applicant and all persons listed in Section 4 of application.



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SECTION 12. WAIVER AND RELEASE OF ALL CLAIMS FORM

Must be signed by applicant and all persons listed in Section 4.

Please read this statement carefully and be aware that by agreeing to allow the United City of Yorkville to investigate your criminal/financial background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I AUTHORIZE an investigator or other duly accredited representative of the United City of Yorkville or its agents to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the United City of Yorkville or its agents authorized above regardless of any previous agreement to the contrary.

I WAIVE and relinquish all claims I may have against the United City of Yorkville and its officers, agents, servants, and employees, as a result of participating in this background check.

I STATE that I have read and fully understand this Waiver and Release of All Claims Form.

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

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SECTION 13. AFFIDAVIT

In witness whereof, the undersigned, being first duly sworn, verifies that the statements contained in this Application for Mobile Vendor Registration are true and correct in every detail, along with an acknowledgement by the applicant that denial of registration or revocation of registration may occur in the event of falsification of such information. I further state that I have read and understand the United City of Yorkville Code of Ordinances regarding Mobile Vendors which addresses the regulations for mobile vendors. I further agree not to violate any state or federal laws or any of the ordinances of the United City of Yorkville in the conduct of my place of business and to report any changes to this application whether they occur before or after a certificate of registration is issued, to the City Clerk within 10 days.

Signature of Applicant

Printed Name of Applicant

Applicant Title

Date

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20____.

NOTARY