



Village of Mokena *Planned Progress... Pleasant Living*

11004 Carpenter Street, Mokena, IL 60448 Phone: (708) 479-3930 Fax: (708) 479-1137

Mobile Food Vendor License Application

1. Company Name:		2. Owner Name:	
3. Owner Address:		4. Owner Phone Number:	
5. License Plate:	6. VIN Number:		
7. Year:	8. Make:	9. Model:	10. Color:
11. Insurance Company:		12. Insurance Company Phone Number:	
13. Insurance Agent:	14. Expiration Date:	15. Illinois Business Tax # _ _ _ _ _ - _ _ _ _ _	

16. Attach a current operating permit issued by the Will County Health Department.
17. Attach a menu and/or list of all food and beverage items that will be sold.
18. Attach a copy of vehicle insurance valid for the duration of the license period.
19. Attach license application fee of \$ 36.00

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."

Business Owner's Printed Name:

Business Owner's Signature:

Date: ____/____/____

For Office Use Only

Date Received _____ Application Complete Yes No

Fee Required _____ Amount Paid _____

Payment Method _____ License Number _____