



City of Farmer City
105 S Main St
Farmer City, Il 61842
Telephone : 309-928-3412
Fax: 309-928-2228

Application for Vendor Registration

Please print legibly in ink or type application.

SECTION 1. APPLICANT INFORMATION

Applicant name: _____

Present Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email: _____

License Plate Number: _____

Date of Birth: _____

Type of Product to be
sold: _____

Place where Mobile will be
placed: _____

A Writing Private Business Property Authorizing

Letter: _____

Item(s) to be sold under this license:

The Duration of Permit:

- A One Day Permit: \$25 (7 AM to 10 PM)
- A Consecutive Six-Month Permit: \$100
- One Year Permit: \$200

- a. Each applicant shall pay a permit fee in accordance with the schedule set forth below.

The Year to Year permit period runs from January 1 through December 31

Days and Hours of Operation:

Seven Days a Week 7 AM until 9 Pm

Mobile food vendor units that set up on public property location must not do so earlier than 6:30 AM. And they must vacate the premises no later than 9:30 PM.

Any person desiring a permit under this chapter shall submit a fully completed application to the City Clerk at least fourteen days prior to the proposed date of utilizing the mobile food vendor unit in the City.

- A copy of valid driver's license of the individual that will be operating the mobile food vendor unit.
- A copy of the Illinois registration of the mobile food vender unit.
- Proof of the registration as a business with the Illinois Secretary of State, if a corporation or limited liability company.
- Proof of federal employer tax identification number.
- Proof of insurance in the amount of (\$500,000) required by this chapter
- A liability insurance policy covering the subject vehicle and/or trailer.
- A copy of the vehicle and /or trailer's registration

- A copy of the Food Handler's Certificate for each employee as required by the Illinois Department of Public Health:
- A copy of the proper mobile food vendor unit license from Illinois and/or Dewitt County Health Department, if required.

Please refer to Ordinance Code 112.08 regarding insurance requirements