



License No.:	_____
Total Fee:	_____
Code:	_____

Village of Northbrook
 1225 Cedar Lane
 Northbrook, IL 60062
 Phone: 847/664-4013 Fax: 847/272-1892
 www.northbrook.il.us

Mobile Food Service Business License Application

The following items are **REQUIRED** to successfully obtain a Mobile Food Service Business License

#	Item Description	Check if Submitted	Staff Initials
1	Mobile Food Service Establishment Business License Application (This form)		
2	Signed Letter of Agreement from Commissary Food Facility (See Page 3)		
3	Copy of Mobile Food Vehicle Inspection Report from Current Year – Or Schedule Inspection		
4	Copy of Health Inspection Report from Commissary Food Facility		
5	Copy of State Issued Health & Sanitation License from Commissary Food Facility		
6	Copy of Operator’s State-issued Vehicle Driver’s License		

Business Information

Business Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax Number _____

Business Website _____

Business Owner Information

Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Mobile Phone _____

E-mail Address _____

Vehicle Information

License Plate Number _____ V.I.N. Number _____

Driver’s License # _____ Vehicle Weight _____

Commissary Food Facility Information – Please complete and sign the Letter of Agreement (attached)

Business Name _____

Owner’s Name _____

Address _____

City _____ State _____ Zip _____

Please list and describe all food or beverages that will be served, dispensed, or sold from your mobile food service vehicle (Or attach a menu)

Areas of Operation

Please list all stops in Northbrook or describe general area you will be operating (Or attach a route sheet)

Location/Intersection/Street	Date(s)	Time

Certification - Falsification or omission of any information on this application may be grounds for denial or revocation.

Has the applicant(s) ever been convicted of or pleaded no contest to a crime of moral turpitude?

No Yes

Has the applicant(s) ever been convicted of a felony or unsuccessfully defended a criminal or civil proceedings charging fraud, misrepresentation, or unscrupulous business conduct?

No Yes

Affidavit

I (We) swear and affirm that I (we) will not violate any of the Ordinances of this Village or the laws of the State of Illinois or of the United States of America in the conduct of the place of business described in this application and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Date _____ Signature of Owner _____

Date _____ Signature of Manager _____

FOR OFFICE USE ONLY

Risk Type Classification	<input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III	Total Fees	
Commissary Establishment #		INSP Report	Yes No
Date Paid		Receipt Number	
Sanitarian Approval		Date	



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Letter of Agreement to Use Commissary

Mr./Mrs. _____
(Print name of person(s))

has my permission to use my business as a commissary facility for the handling, preparation, and cooking of food that will be served, dispensed, or sold from their mobile food service establishment business:

(Print name of Mobile Food Service business)

The permission includes the use of the premises for the food storage, cleaning, and maintenance of the vehicle and storage of all supplies.

Date _____ Signature of Commissary Owner _____

Commissary Facility Information

Name of Facility _____
Address _____
City _____ State _____ Zip _____
Business Phone _____ Fax Number _____

Please attach a copy of the facility's most recent inspection report from the local health authority.