



City of Rochelle

Community Development

P.O. Box 601, Rochelle, Illinois 61068
Phone: 815-562-6161 / Fax: 815-562-3888

MOBILE FOOD VENDOR'S FRANCHISE APPLICATION

1. Applicant's Legal Name: _____

2. Type of Applicant:

Individual / Sole Proprietor

Corporation / LLC

Partnership / LLP

3. If applicant is an individual / sole proprietor:

a. Applicant's Phone #: _____

b. Applicant's Email: _____

c. Applicant's Home Address: _____

b. Applicant's Driver's License Number: _____ State: _____

4. For all other applicants, please attach a separate page identifying: (a) Names of all shareholders, members, partners, and officers; (b) addresses, phone #, and email of all shareholders, members, partners, and officers; (c) driver's license numbers and state of issuance of all shareholders, members, partners, and officers.

5. Regardless of applicant type, provide the following information:

a. Name, Address, & Phone Number of Supervisor/Manager:

6. Federal Employer Identification Number: _____

7. Illinois State Tax Identification Number: _____

8. Description of Mobile Food Truck. Please provide an accurate description of the Mobile Food Truck to be used, including dimensions. Also, include with the application a photograph of the Mobile Food Truck to be used.

9. Description of Goods Sold. Please provide a description of the goods to be sold from the Mobile Food Truck. If possible, include the proposed menu.

10. Have the applicant (if an individual / sole proprietor) or any of its shareholders, members, partners, officers (if a corporation / LLC or a partnership / LLP), and any supervisors or managers ever been convicted of a felony, misdemeanor, or violation of a municipal ordinance?

Yes. If yes, please provide the name of the individual convicted, the date of conviction, the nature of the offense, the punishment assessed, and whether the punishment has been completed.

No.

As part of this Application, the Applicant must also provide background checks, conducted by the Rochelle Police Department, for the applicant, and any shareholder, member, partner, officer, supervisor, and manager.

11. Does the Applicant have a valid Ogle County Food Permit? If so, the Applicant must provide a copy of the permit with this Application.

Yes. Provide a copy of the permit with this Application.

No.

12. Does the Applicant have a current General Commercial Liability Insurance Policy covering the Mobile Food Truck and the activities to be conducted thereon providing liability coverage of not less than \$500,000.00, and including the City of Rochelle as an additional insured and that provides notice to the City of Rochelle in the event of cancellation?

- Yes. If yes, provide a copy of said policy with the Application.
- No.

13. Does the Applicant have Commercial Vehicle Insurance coverage?

- Yes. If yes, provide written proof of insurance with the Application.
- No.

14. Is the Applicant a registered business, as described under Sec. 26-44 of the Rochelle Municipal Code?

- Yes.
- No.

15. List proposed location and hours of operation: _____

I hereby affirm that, to the best of my knowledge, all answers and information given in this Application are true and correct. I further affirm that I have read the City of Rochelle's Municipal Code provisions relating to Mobile Food Vendors, Secs. 70-150 - 70-158 and understand them to apply to the Applicant and any activities conducted by the Applicant on a Mobile Food Truck. I further affirm that if, at any time, the Applicant fails to comply with said Rochelle Municipal Code provisions, that any franchise issued may be revoked with or without notice. I further affirm that by signing this Application I am admitting that I have the authority to sign on behalf of the Applicant, its shareholders, officers, members, partners, or agents, as applicable.

Signature:

Date:



City of Rochelle
Community Development
420 N. 6th St., Rochelle, IL 61068
Phone 815-562-6161, Fax 815-562-3888

**MOBILE FOOD VENDOR'S
CHECKLIST FOR SUBMISSION. PLEASE BE SURE TO PROVIDE THE FOLLOWING:**

- ___ Commercial Liability Insurance
 - ___ Ogle County Food Permit
 - ___ Illinois Dept. of Health Certificate
 - ___ Separate List Identifying all Partners, Shareholders, or Members
 - ___ Photo of Food Truck
 - ___ Copy of Proposed Menu
 - ___ Location/Site of Set-Up
 - ___ Proposed Hours of Operation
 - ___ Background Check/Finger Printing ~ *After City Review*
Rochelle Police Department
 - ___ Vehicle Inspection ~ *After City Review*
Rochelle Fire Department
 - ___ Franchise Number, if applicable
 - ___ Franchise Fee (\$250.00 Annually) ~ *After City Approval*
-

City Office Use Only

Date Approved/Denied: _____

Permit Number : _____

Expiration Date: _____

Copy to City Clerk's Office: _____