



APPLICATION for an ITINERANT MERCHANT – MOBILE FOOD ESTABLISHMENT

CITY OF ALTON, ILLINOIS

Cameo C. Holland • Alton City Treasurer

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: licensing@cityofaltonil.com

Fax: (618) 463-3520

Website: www.cityofaltonil.com

ALL INDEBTEDNESS TO THE CITY MUST BE PAID IN FULL BEFORE ANY REGULATORY LICENSE IS ISSUED. THE FIRE DEPARTMENT WILL CONDUCT SAFETY INSPECTIONS AND BACKGROUND INVESTIGATIONS WILL BE CONDUCTED BY THE POLICE DEPARTMENT ON ALL APPLICATIONS.

YOU MUST CONTACT MADISON COUNTY HEALTH DEPT: (618) 692-8954

PLEASE PRINT

BUSINESS NAME: _____

OWNER NAME: _____

ADDRESS: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **CELL:** _____ **EMAIL:** _____

ILLINOIS BUSINESS TAX ID NUMBER: _____

LOCATION WHERE THE BUSINESS WILL BE LOCATED: _____

I, _____ dba _____, acknowledge that as an Itinerant Merchant in the City of Alton, I must abide by the following conditions:

- Only conduct business within properly zoned areas (no residential areas)
- Only operate between the hours of 7:00 a.m. and 10:00 p.m.
- Business CANNOT be conducted on City Property
- Submit written permission from the property owner
- Notify this office with initial location
- Notify this office prior to any change in location
- Provide an accurate sales accounting on a monthly basis
- Remit imposed taxes to the City, as outlined in City Code
- Follow all requirements, as outlined in City Code Chapter 4, Section 23.
- Submit licensing fee of \$100.00

Additional information about Food Trucks and requirements can be found in City Code, Section 4, Chapter 23

Signature _____

Date _____



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APPLICANT:

(Please attach a copy of Driver’s License, to be used by Police Department only)

DATE OF BIRTH: _____ PLACE OF BIRTH _____

(City, State)

SOCIAL SECURITY #: _____ - _____ - _____

BUSINESS EMERGENCY CONTACT INFORMATION

(This information is kept confidential and is for Alton Police Dept. use only)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS OWNER: _____

BUSINESS PHONE: _____

BUSINESS HOURS: _____

***EMERGENCY CONTACT PERSON: Should have a minimum of two names. Only key holders should be listed. Please list for each: Name, Date of Birth, Home Address, Home Phone, Business Phone (if different from listed business), pager/other number, and/or Cellular phone number.**

1. Name: _____ DOB: _____
First, Middle, Last MM/DD/YY

Position: _____
Constituent-Owner/Manager/Employee

Home Address: _____
Street City, State ZIP

Home Phone: _____ Business Phone: _____

Pager/Other: _____ Cellular: _____

2. Name: _____ DOB: _____
First, Middle, Last MM/DD/YY

Position: _____
Constituent-Owner/Manager/Employee

Home Address: _____
Street City, State ZIP

Home Phone: _____ Business Phone: _____

Pager/Other: _____ Cellular: _____



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ITINERARY AND OPERATING SCHEDULE

Itinerant Merchant – Food Truck Name:

List your location or route schedule with the hours of operation, day(s) of the week in operation and location.

Hours of Operation	Day(s) Of the Week in Operation	Business/Property Owner Name	Street Address

If the operating location(s) or route(s) change, an updated Itinerary and Operating Schedule and Property Owner Agreement must be submitted.



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PROPERTY OWNER AGREEMENT

Business Information

Business Name:	Business ID #:
Address:	Business Phone #:
City, State, Zip:	Business E-mail:

Property Owner Information

Owner Name:	Contact Name:
Address:	Phone #:
City, State, Zip:	E-mail:

***As the owner of the above location, I agree to allow the above business to operate on this property for the operation term of _____.**

Signature of Property Owner: _____ Date: _____

Signature of Food Truck Owner: _____ Date: _____

If the operating location(s) or route(s) change, an updated Itinerary and Operating Schedule and Property Owner Agreement must be submitted.