



United City of Yorkville  
 800 Game Farm Road  
 Yorkville, Illinois, 60560  
 Telephone: 630-553-4350  
 Fax: 630-553-7575  
 Website: www.yorkville.il.us

# APPLICATION FOR FOOD TRUCK RALLY

<b>REGISTRATION FEE – \$50.00</b> <b>EACH INDIVIDUAL MOBILE VENDOR WILL BE REQUIRED TO FILL OUT AN INDIVIDUAL PERMIT BASED ON WHETHER THE EVEN IS HELD ON PUBLIC OR PRIVATE PROPERTY.</b> <b>THIS APPLICATION MUST BE SUBMITTED NO LATER THAN 30 DAYS PRIOR TO THE PROPOSED EVENT.</b>		SUBMITTAL DATE:
<b>SECTION 1: PROPERTY OWNER INFORMATION</b>		
OWNER NAME:		
OWNER ADDRESS:		CITY, STATE, ZIP:
PHONE:	EMAIL:	
<b>SECTION 2: ORGANIZATION INFORMATION</b>		
ORGANIZATION NAME:		
ORGANIZATION OWNER NAME:		
ORGANIZATION ADDRESS:		CITY, STATE, ZIP:
TRUCK RALLY CONTACT PERSON:	PHONE (MUST BE AVAILABLE DURING EVENT):	
<b>SECTION 3: LOCATION INFORMATION</b>		
Please attach a Location map of the general area within five hundred feet (500') surrounding the proposed vendor vehicle rally site.		
Please attach a dimensioned site plan of the property on which the vendor vehicle rally will be held, showing proposed location of each food vendor vehicle including distances from adjacent buildings, streets and other vendor vehicles; location of any portable restroom facilities, if applicable; and location of any stages, tents, seating areas and any other facilities, structures or equipment to be used in conjunction with the vendor vehicle rally		
Please attach a written description of the plans for the vendor vehicle rally, including parking locations, traffic control plans and the anticipated hours of operation.		
<b>SECTION 4: HOURS OF OPERATION</b>		
DATES OF OPERATION:		TIMES OF OPERATIONS:
MONDAY:		
TUESDAY:		
WEDNESDAY:		
THURSDAY:		
FRIDAY:		
SATURDAY:		
SUNDAY:		



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## SECTION 5: VENDOR LIST

Please list all mobile food vendors participating in the event:	If the event is held on <b>public property</b> , confirm that they have obtained a certificate of registration from the City Clerk.
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION 6: INDEMNIFICATION

Please attach an executed indemnification agreement in favor of the City of Yorkville for vendor vehicle rallies occurring within the public right-of-way or public property.

## SECTION 7: GENERAL LIABILITY

The permittee shall obtain and maintain in force comprehensive general liability, broad form property damage and blanket contractual liability insurance in a combined single limit amount, per claim and aggregate of at least one million dollars (\$1,000,000.00) covering the permittee's operations on the sidewalk or right-of-way. Such insurance shall name, on a special endorsement form, the City of Yorkville, its elected and appointed boards, commissions, officers, agents and employees as additional insurers. A certificate of insurance shall contain provisions that prohibit cancellations, modifications, or lapse without thirty (30) days' prior written notice to the City's Clerk's Office.



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**SECTION 8: AFFIDAVIT (IF NEEDED, PLEASE COPY THIS PAGE FOR ALL REQUIRED PERSONS)**

In witness whereof, the undersigned, being first duly sworn, verifies that the statements contained in this Application for Mobile Vendor Registration are true and correct in every detail, along with an acknowledgment by the applicant that denial of registration or revocation of registration may occur in the event of falsification of such information. I further state that I have read and understand the United City of Yorkville Code of Ordinances regarding Mobile Vendors which addresses the regulations for mobile vendors. I further agree not to violate any state or federal laws or any of the ordinances of the United City of Yorkville in the conduct of my place of business and to report any changes to this application whether they occur before or after a certificate of registration is issued, to the City Clerk within 10 days.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This instrument was subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ (name of person or persons).

**Notary Seal:**

\_\_\_\_\_  
NOTARY SIGNATURE

**NOTE:**

Applications by corporations shall be sworn to and signed by the corporate president and attested to and signed by the corporate secretary.

Applications by a partnership shall be sworn to and signed by two members of the partnership.