



City of Carbondale
City Clerk's Office
200 S. Illinois Avenue
Carbondale, Illinois 62901
Phone (618) 457-3281

VENDOR'S LICENSE APPLICATION

This application is being made as (check one):		
Food Truck	Ice Cream Truck	Private Property Operator
Name of Business		State or Federal Tax Identification Number (FEIN):
Name of Owner (Attach copy of driver's license)		
Email Address		
Mailing Address		
Location(s) of intended sales		
Business Hours (opening and closing for each day)		
Have you previously applied for a City of Carbondale Vendor's License?	Yes	No
If yes, was that license approved or denied?	Approved	Denied
If denied, give reason.		
List all licenses to conduct business as a vendor obtained within the State of Illinois within the last 12 months.		
Proposed nature of business to be conducted. (Include the type(s) of goods to be sold and how those goods will be sold).		
Have you ever been charged with or received a disposition of guilt either through supervision, probation, or conviction for any offense involving theft, burglary, fraud, bribery, assault, or moral turpitude under the laws of the State of Illinois, of any other state, or of the United States within five years of the date of application?	Yes	No
If yes, list each individual offense and/or violation, the date and prosecuting jurisdiction.		

Describe the vehicle(s) to be used (if applicable)				
Make	Model	Color	License Plate No.	State
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<p>Attach the following with your application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$100 license fee. <i>(Licenses issued after July 1 will be prorated at 50%)</i> <input type="checkbox"/> \$25.00 background check fee for <u>each seller including the owner</u>. <i>(\$45 for ice cream trucks)</i> <input type="checkbox"/> Copies of driver's licenses for each seller listed including the owner <input type="checkbox"/> Complete Seller Information form for every person who will be in contact with the public for the purpose of stocking, transporting, delivering, and/or selling the goods, wares, or merchandise. <input type="checkbox"/> Evidence of liability insurance in the form of a Certificate of Insurance <i>The certificate shall insure the applicant, owner, and lessee, if any, of the parcel at a minimum amount of \$300,000 Single Limit Coverage.</i> <input type="checkbox"/> Notarized statement from the property owner authorizing you to sell from his/her property through December 31 of the current year. <input type="checkbox"/> Illinois Business Authorization Certificate of Registration <input type="checkbox"/> Complete inventory of goods to be sold (a copy of a menu) <input type="checkbox"/> Jackson County Health Permit, if applicable <input type="checkbox"/> Inspection approvals, if applicable <i>(Contact Development Services to set up an inspection)</i> <input type="checkbox"/> Vehicle insurance and registration <i>(food truck and ice cream trucks only)</i> <p>If you will be taking orders to be fulfilled at a later date please provide a surety bond issued by an insurance company having authority to do business in Illinois or a cash deposit equal to 50% of the wholesale value of the merchandise to be offered for sale. (Not less than \$1,000 nor greater than \$10,000)</p>				
Signature			Date	
FOR OFFICE USE ONLY				
Application Received	Form of Payment	Date Paid	Notes	

SELLER INFORMATION

The following information must be completed for every person who will be in contact with the public for the purpose of stocking, transporting, delivering, and/or selling the goods, wares, or merchandise. Any new individuals added after submission of this application must be submitted to the City Clerk's office within 24 hours.

SELLER #1		
Seller's Name	Phone Number	
Home Address		
Have you ever been charged with or received a disposition of guilt either through supervision, probation, or conviction for any offense involving theft, burglary, fraud, bribery, assault, or moral turpitude under the laws of the State of Illinois, of any other state, or of the United States within five years of the date of application?	Yes	No
If yes, list each individual offense and/or violation, the date and prosecuting jurisdiction.		
CERTIFICATION		
I, the undersigned, do hereby certify that to the best of my knowledge and belief the above information is true, correct, and complete. I understand that failure to correctly and completely answer the above questions will be cause for denial of this license.		
Signature	Date	

SELLER #2		
Seller's Name	Phone Number	
Home Address		
Have you ever been charged with or received a disposition of guilt either through supervision, probation, or conviction for any offense involving theft, burglary, fraud, bribery, assault, or moral turpitude under the laws of the State of Illinois, of any other state, or of the United States within five years of the date of application?	Yes	No
If yes, list each individual offense and/or violation, the date and prosecuting jurisdiction.		
CERTIFICATION		
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Signature	Date	

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SELLER #3		
Seller's Name	Phone Number	
Home Address		
Have you ever been charged with or received a disposition of guilt either through supervision, probation, or conviction for any offense involving theft, burglary, fraud, bribery, assault, or moral turpitude under the laws of the State of Illinois, of any other state, or of the United States within five years of the date of application?	Yes	No
If yes, list each individual offense and/or violation, the date and prosecuting jurisdiction.		
CERTIFICATION		
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Signature	Date	

SELLER #4		
Seller's Name	Phone Number	
Home Address		
Have you ever been charged with or received a disposition of guilt either through supervision, probation, or conviction for any offense involving theft, burglary, fraud, bribery, assault, or moral turpitude under the laws of the State of Illinois, of any other state, or of the United States within five years of the date of application?	Yes	No
If yes, list each individual offense and/or violation, the date and prosecuting jurisdiction.		
CERTIFICATION		
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Signature	Date	

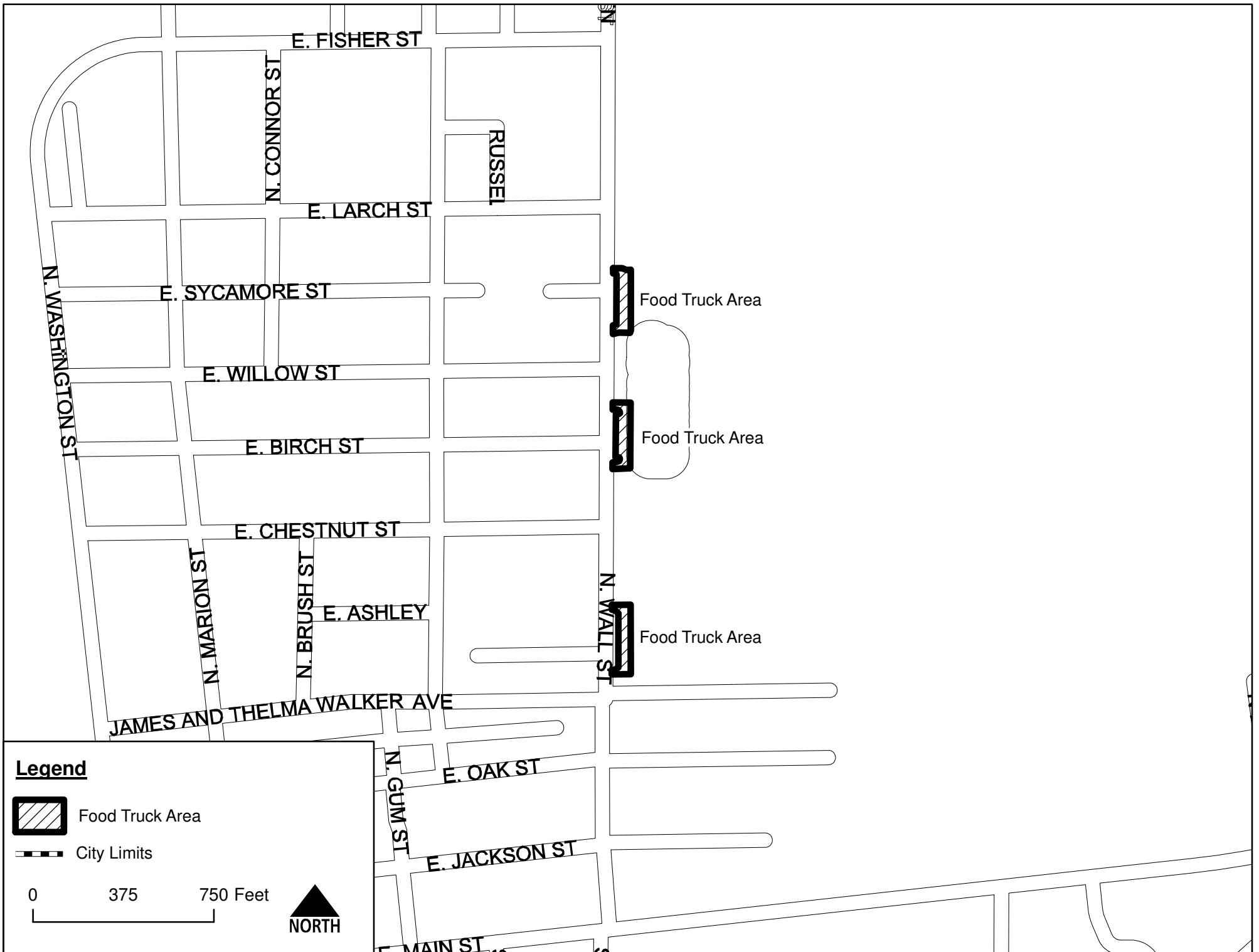


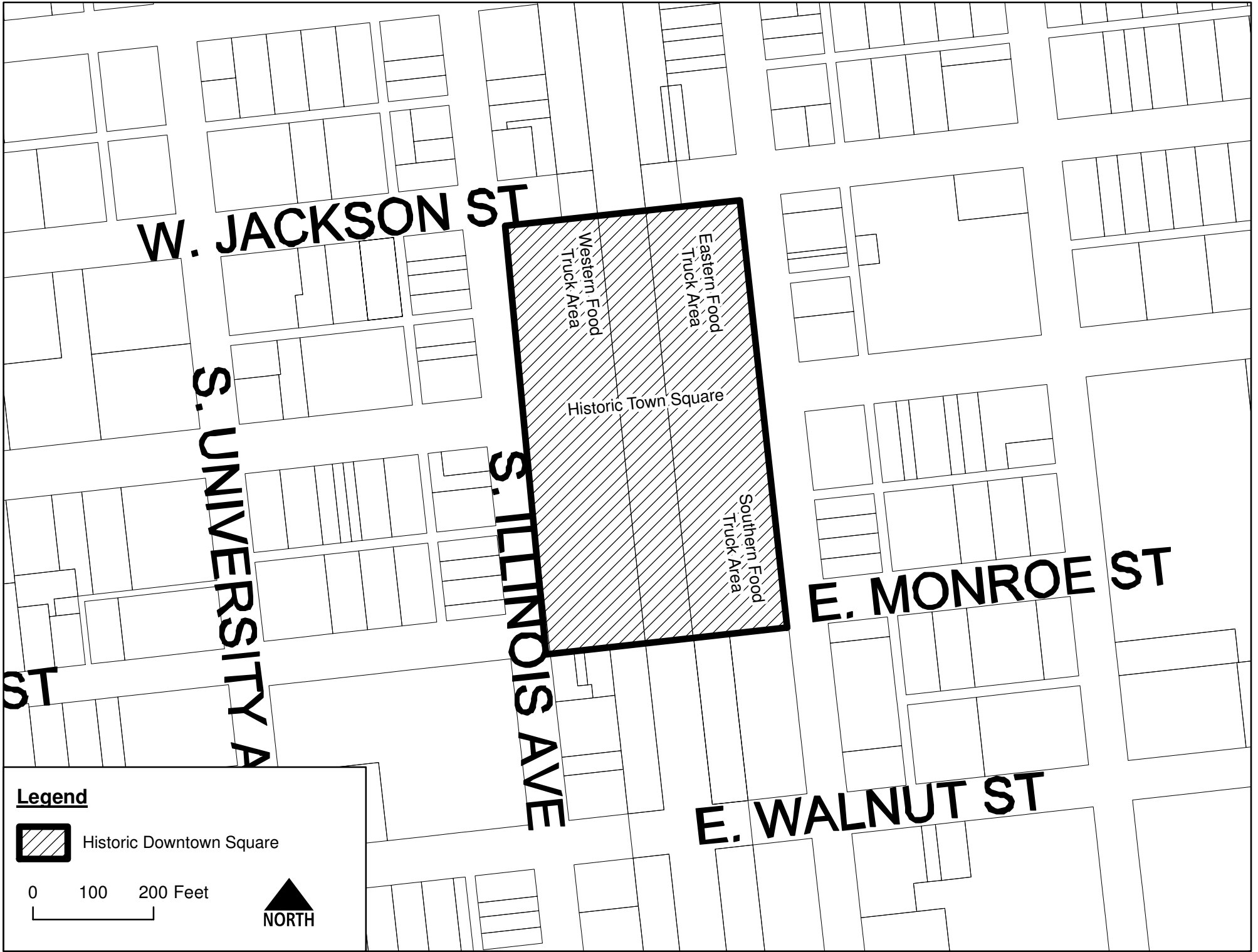
City of Carbondale
 City Clerk
 200 S. Illinois Avenue
 Carbondale, Illinois 62901
 Phone (618) 457-3281
 Fax (618) 457-3283
 Explorecarbondale.com

**CRIMINAL BACKGROUND AND CREDIT CHECK
 AUTHORIZATION FOR CARBONDALE CITY LICENSES**

I authorize and empower the City of Carbondale or agent thereof or any other outside service company engaged by the City of Carbondale for this purpose, now or subsequently, to obtain prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, criminal history information through correspondence, contact, or personal interviews with law enforcement agencies. Upon written request, I understand that said City will provide me with information regarding the nature and scope of the investigation if on is made.

1.	Applicant, Manager or Agent Name Printed	SSN	DOB
	Driver's License Number and State of Issuance	Signature	Date
2.	Applicant, Manager or Agent Name Printed	SSN	DOB
	Driver's License Number and State of Issuance	Signature	Date
3.	Applicant, Manager or Agent Name Printed	SSN	DOB
	Driver's License Number and State of Issuance	Signature	Date
4.	Applicant, Manager or Agent Name Printed	SSN	DOB
	Driver's License Number and State of Issuance	Signature	Date
5.	Applicant, Manager or Agent Name Printed	SSN	DOB
	Driver's License Number and State of Issuance	Signature	Date





W. JACKSON ST

S. UNIVERSITY AVE

S. ILLINOIS AVE

E. MONROE ST

E. WALNUT ST

Western Food
Truck Area

Eastern Food
Truck Area

Historic Town Square

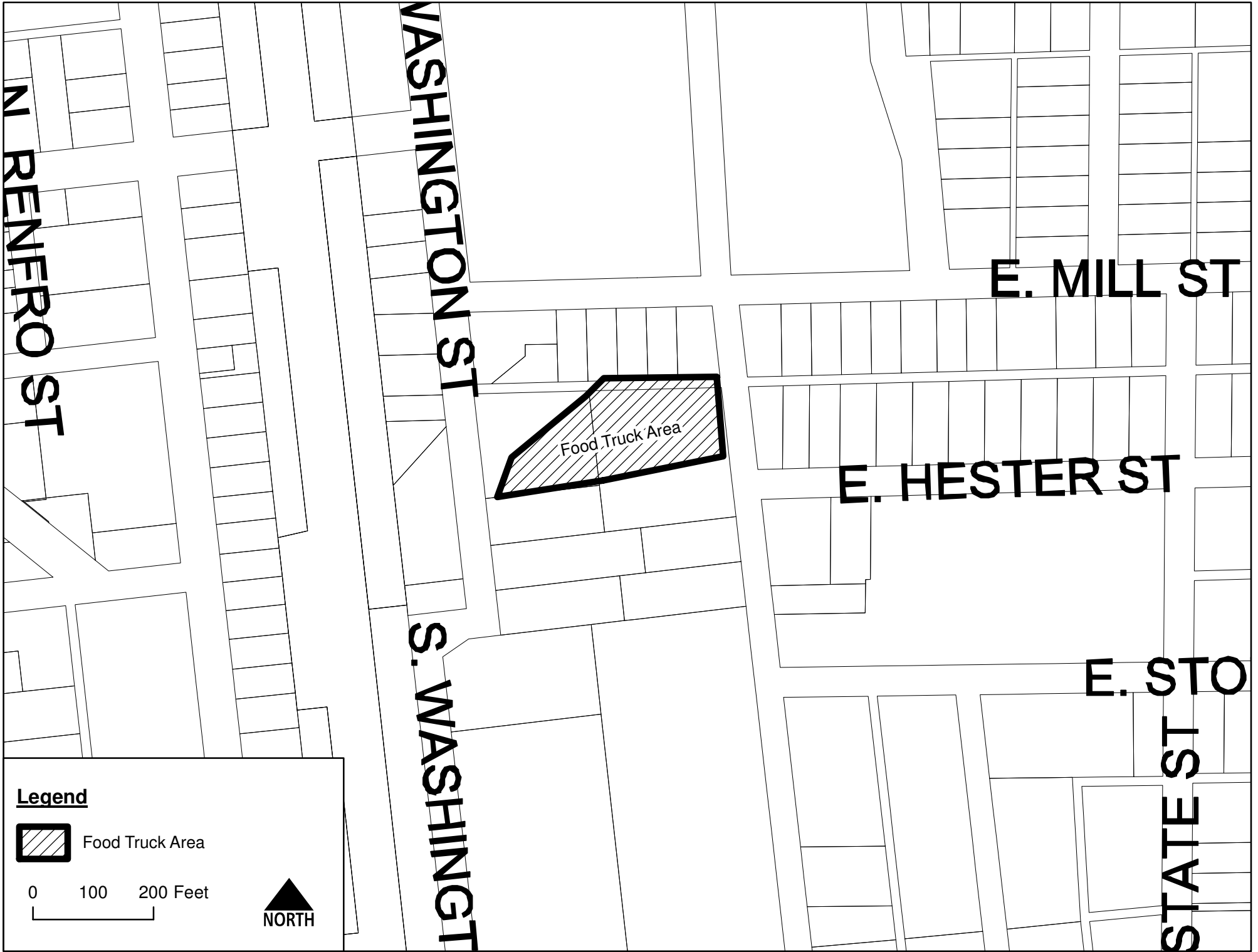
Southern Food
Truck Area

Legend

 Historic Downtown Square

0 100 200 Feet





N RENNERO ST

WASHINGTON ST

S. WASHINGTON ST

E. MILL ST

E. HESTER ST

E. STO

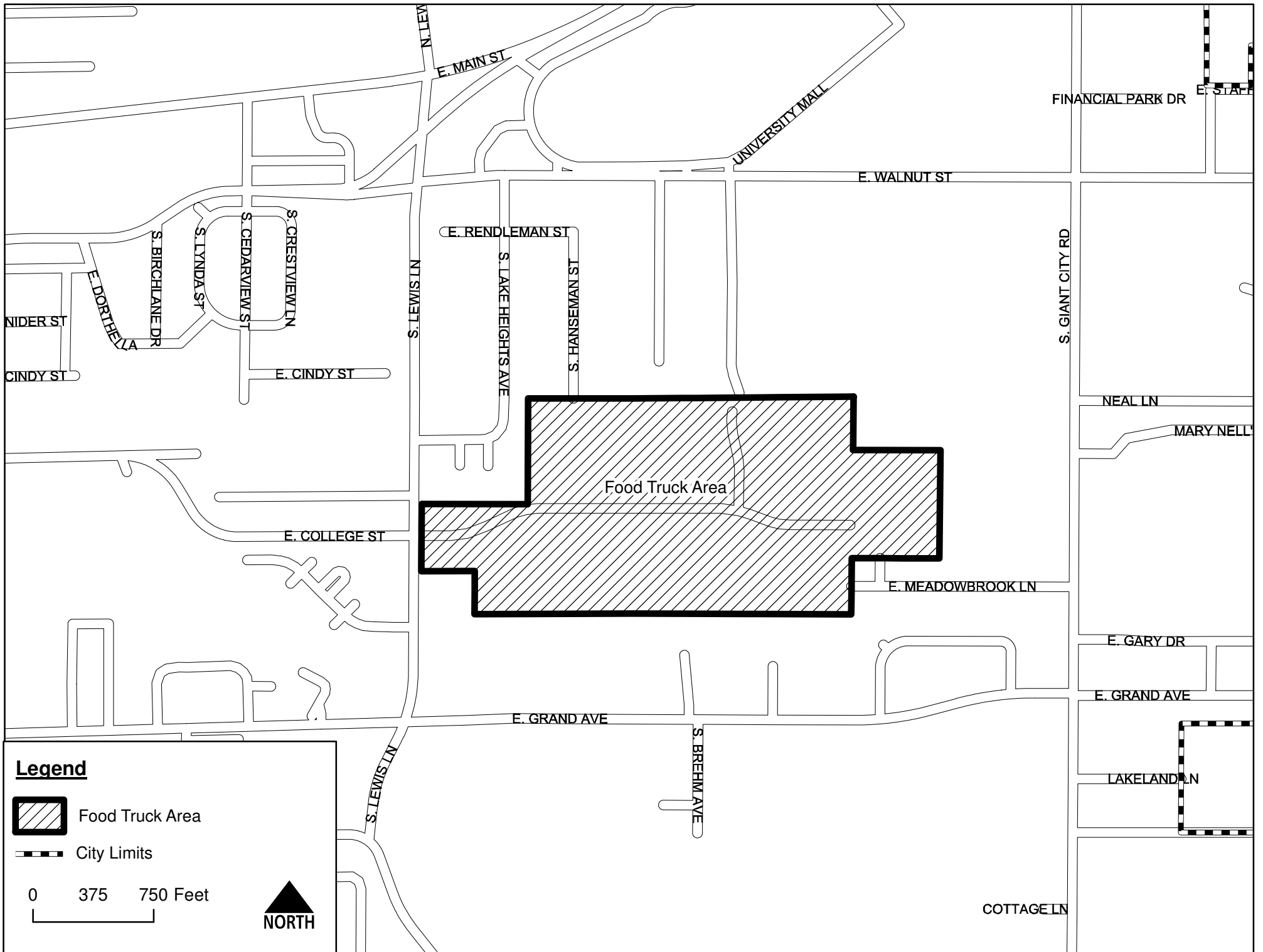
STATE ST

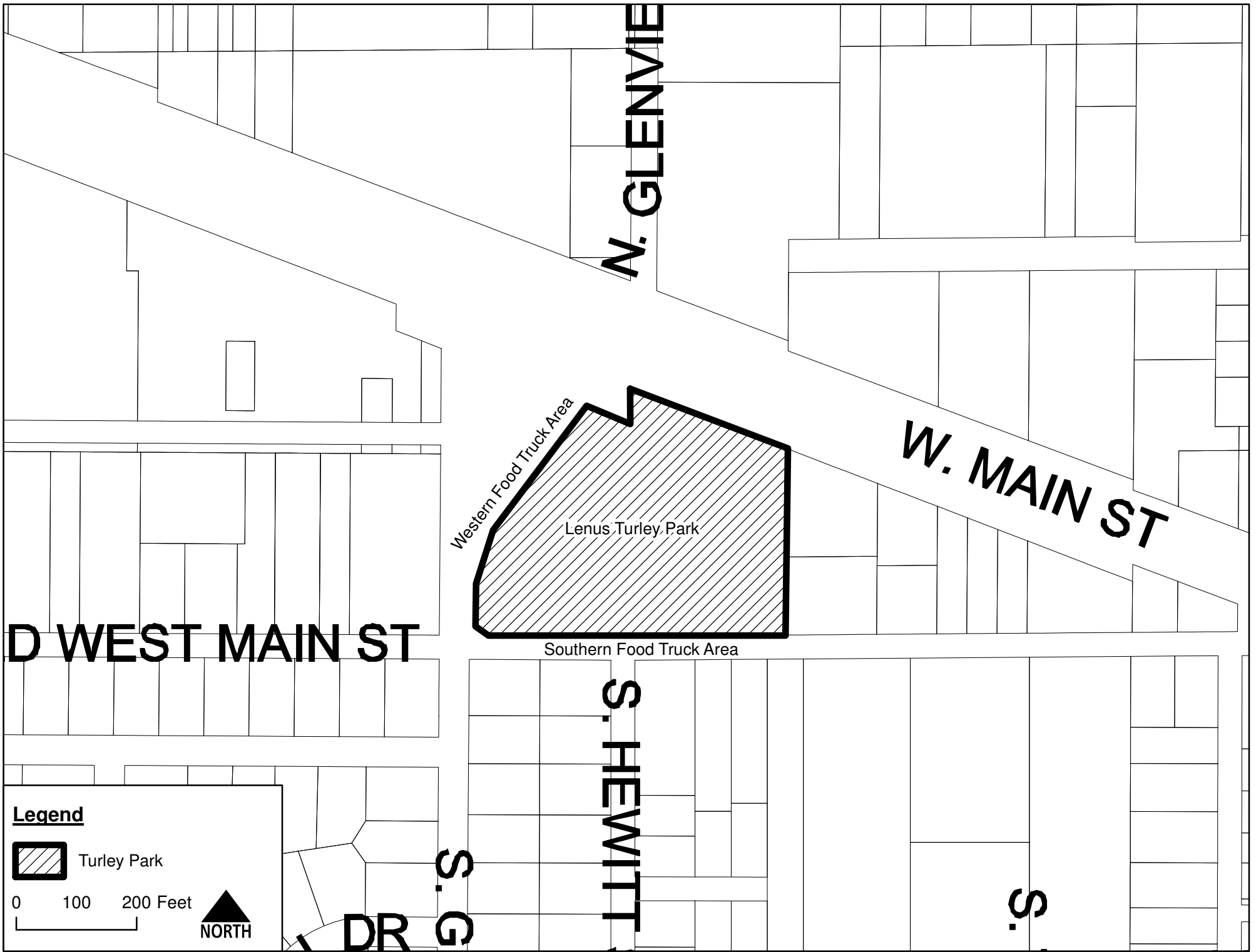
Legend

 Food Truck Area


0 100 200 Feet








Legend

 Turley Park

0 100 200 Feet

 NORTH