



2018 MOBILE ICE CREAM TRUCK OR PUSH CART VENDOR BUSINESS LICENSE APPLICATION

Office of the City Clerk - Business Services
150 West Jefferson Street
Joliet, Illinois 60432
Office 815-724-3905 Fax 815-724-3904
Email: businessservices@jolietcity.org
Website: www.cityofjoliet.info

Office Use Only:
Date Received: _____
Date Issued: _____
Business Account ID: _____

Please print legibly. All information and supplemental requirements must be completed and submitted. **Incomplete forms will be returned.** Please allow a *minimum* of twenty (20) business days for process and review prior to opening.

New Business: _____ Change of Ownership: _____ Expansion: _____ Renewal: _____
Proposed Opening Date: _____ Date Opened: _____

LOCAL BUSINESS INFORMATION

Business Name (DBA): _____ Store Number: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone Number: _____ Fax Number: _____

Agent/Operator (Manager) Name: _____
Home Address: _____
City: _____ State _____ Zip Code: _____
Cell Phone Number: _____ E-mail Address: _____

CORPORATE BUSINESS INFORMATION

Corporate Name: _____
Contact Name: _____
Corporate Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____ Website: _____
Federal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization): _____
State of Illinois Business Tax Number (IBT - Submit IDOR Certificate of Registration): _____
Mailing address for all correspondence: Local Business: _____ Corporate: _____

BUSINESS OWNERSHIP INFORMATION

Provide the following information regarding how the business was created and is owned:

____ Individual ____ Partnership ____ Limited Liability Corporation (LLC) ____ Private Limited Company (LTD) ____ Corporation

Legal Business Name: _____

If this is a **partnership**, provide name, address, and telephone number of all partners. If this is an **LLC or LTD**, provide the names, addresses and percentage of ownership held by each member. If this is a **Corporation**, provide the names and addresses of all persons holding three percent (3%) or more of the stock of the corporation and the percentage of ownership held by each member. If additional space is needed, add a separate page.

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Joliet's business license.

Name of applicant (print)

Signature of applicant

Title of applicant

Date

BUSINESS OPERATION INFORMATION

Number of Ice Cream Trucks _____

Number of Push Carts: _____

General description of business: _____

Type of merchandise to be sold: _____

Average value of inventory: _____

Dates of operation (start and end): _____

Days of Week and Hours of Operation: _____

ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL

The following items must be submitted with the application:

- Completed vehicle/pushcart information sheet
- Valid state issued driver's license
- Valid government issued photo ID of each worker utilizing a pushcart
- Applicable county health department certificate
- Proof of valid insurance

General Regulations:

1. Mobile ice cream trucks and/or push carts shall move from place to place upon the public right-of-ways and shall not be operated at a fixed location except as otherwise provided herein.
2. Stops shall be made only to service customers and shall not exceed a total of thirty (30) minutes in any one block. No such unit shall traverse any such block more often than twice in any given day.
3. It shall be unlawful for a person or corporation to operate a mobile ice cream truck and/or push cart unless such person or corporation possesses a valid license issued by the City of Joliet.
4. No operator of such unit shall park or stand such vehicle within 500 feet of a school or school playground while school is in session or during any time school activities are taking place.
5. No sale shall be made from any such unit except when such vehicle is lawfully parked at the right hand street curb. Sales shall not be made from the left hand side of the vehicle.

2018 Vehicle/Pushcart Information Sheet

Please provide the following information for each vehicle and/or pushcart to be operated in the City of Joliet. Each user must supply legible copy of valid government issued photo ID or driver's license. Use additional sheets if needed. Please print legibly.

Total number of vehicles and/or pushcarts used in the City of Joliet: _____

Vehicle Number: _____ Primary user name: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ VIN: _____

Vehicle Number: _____ Primary user name: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ VIN: _____

Vehicle Number: _____ Primary user name: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ VIN: _____

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