



CITY CLERK'S OFFICE

Operating Under Council – Manager Government Since 1957

Application for a Food Truck License

This form must be completed and returned with a check payable to the City of Galesburg along with the fee to the City Clerk's Office 55 West Tompkins Street, Galesburg, IL 61401. Please call 309/345-3600, for more information or questions.

Fees are as follows:

Food Truck license \$250.00 May 1 – April 30.

Definitions:

Food truck vendor is a vendor that sits in the specified food truck zones or in private parking lots, with the permission of the owner. Food truck operator must provide proof of food sanitation license from the Knox County Health Department or their respective health department. Operators must comply with NFPA 96.

Step One

Business Name _____

Address of Business _____

Applicants Name _____

Applicants Address _____

Date of Birth _____ Place of Birth _____

Applicants Drivers License or State ID Number _____

Age _____ Gender _____ Race _____ Height _____ Weight _____

Hair Color _____ Eye Color _____

Local Phone Number _____

Vehicle(s) used during operation

Year _____ Make _____ Model _____ Plate _____ State _____

Have you ever been convicted of a violation of any of the provisions of the ordinance, or the ordinance of any other municipality of this state or previously been convicted of a felony under the laws of this state or any other state, or federal law of the U.S.? _____ Yes _____ No

If yes, please explain _____

Step Two

Do you represent a corporation? _____ Yes _____ No



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If the business is a corporation, the following information must be provided:

Corporate Officers:

Title

Name

Address

Location in which applicant intends to do business _____

Owner of above listed location _____

Initial before each line indicating you have read and understand the terms:

_____ A copy of the applicant's certificate of registration under the Retailers Occupation Tax Act shall be attached to this application _____ Number _____

_____ A copy of the applicant's food sanitation license

_____ All licenses shall expire on April 30th

_____ I agree to contact the City of Galesburg Finance Department and pay an additional Food & Beverage tax of 2%

Step Three

Illinois Sales Tax Number _____

I hereby affirm that the information as provided in this application is true to the best of my knowledge and hereby acknowledge that any knowingly false statements can subject the undersigned to the penalties under the law, revocation of license, and forfeiture of bond.

Signature

Step Four (to be completed by the Galesburg Police Department)

The following report have been completed

	Results	Clerk
1. Master Index/PIMS/ICIS	_____	_____
2. Local Checks	_____	_____
3. Pro Phoenix	_____	_____



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The above application has been: Approved Denied

By order of Chief of Police, Galesburg, Illinois.

By _____ Date _____

Authorization for release of personal information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Galesburg Police Department, whether the said records are of public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear/affirm that all information in or supplementing this application are complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for revocation if discovered subsequent to licensing.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Personal Information."

_____ Date _____

Signature of Applicant