

# The City of Salem

## Department of Police



*The Spirit and Space of Southern Illinois*

201 South Rotan, Salem, Illinois 62881

Phone: 618/548-2232, Fax: 618/548-7793

### **"Mobile Food or Liquid Vendor"** **Application**

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

Applicant Date of Birth \_\_\_\_\_

Applicant Business Address \_\_\_\_\_

Applicant Home Address \_\_\_\_\_

Applicants Social Security Number: \_\_\_\_\_

Vehicle Description used to distribute product:

Make and Model \_\_\_\_\_

Year \_\_\_\_\_

Color \_\_\_\_\_

License Plate Number \_\_\_\_\_

Drivers License Number and expiration date: \_\_\_\_\_

Applicants Date of Birth \_\_\_\_\_

Please attach to this application copies of the following:

- Certificate of Registration under the Illinois Retailer's Occupation Tax Act
- Drivers License
- Marion County Health Department Food Permit
- Public Liability Insurance Policy covering the subject vehicle
- Sworn Statement of any prior criminal convictions

**\*\* Please note: if any other drivers will be operating vehicle under this permit, they will be required to file a Sworn Statement of prior criminal convictions as well.**

Office use only Date \_\_\_\_\_ Received by \_\_\_\_\_ Approved Yes/No  
If no, reason: \_\_\_\_\_ Authorized Signature \_\_\_\_\_

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### **Sworn Statement of Criminal Convictions**

Applicant/Employee  
(circle one)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

My signature below affirms that pursuant to City of Salem ordinance 2004-17 and in compliance thereof, I have never been convicted of a felony nor am I, or have I ever been, a registered sex offender. I understand that if I provide false information on this statement my license to operate under the "Mobile Food or Liquid Vendor" ordinance can be revoked.

Signed \_\_\_\_\_

Name Printed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Witness Name Printed \_\_\_\_\_