

City of Metropolis Food Vendors License Application

THIS APPLICATION IS NOT AN APPROVED PERMIT OR LICENSE

APPLICATION FEE: \$25.00

Application fee to be paid upon submittal

Required Documentation:

License Application Fee: _____	Driver's License/ID Card: _____
Proof of Public Liability Insurance: _____	Southern 7 Health Department Paperwork: _____
Sales Tax Identification Number: _____	<i>(Illinois Dept. of Public Health)</i>

Applicant Information:

First Name:		Middle Name:		Last Name:	
Street Address: <i>(No P.O. Box)</i>		City:		State:	Zip Code:
Home Phone:		Cell Phone:		Work Phone:	
Date of Birth: (Mo/Da/YY)		Driver's License/ID Card # (required):			State Issued:
Gender:		Height:		Weight:	Eye Color:
Email Address:					
Vehicle Make/Model/Year		Color:	Plate Number:		State Issued:

Firm, Person or Corporation the Applicant Represents or is Employed by:

Employer Name/DBA:			Employer Email:		
Sales Tax Identification Number (required):					
Employer Address: <i>(No P.O. Box)</i>			City:		State:
					Zip Code:
Contact Person:			Phone Number:		Length of Employment:
Description of Food Items you will be selling:					

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Attested by:

The undersigned hereby makes application for a Vending Permit in the City of Metropolis, Illinois, pursuant to ordinance number 2021-12.

I, _____, do solemnly swear that the forgoing information is true and complete to the best of my knowledge. I have read and agree to abide by the Food Vendor Permit Ordinance of the City of Metropolis.

Applicants Signature/Date

Approved and received by:

Office of the Mayor: _____ Date: _____

Office of the City Clerk: _____ Date: _____

Office of the Fire Department: _____ Date: _____

Attach a Copy of Your Driver's License or State ID, Liability Insurance, Health Department Paperwork, and this signed application and return to:
City Clerk's Office, 106 West 5th Street, Metropolis, IL 62960

STAFF USE ONLY

Date Received at City Clerk's Office: _____

Permit Number Issued: _____

Permit Date Issued: _____ Permit Date Expires: _____