



1165 S. Water Street | Wilmington, IL 60481
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City of Wilmington Mobile Food Vendor Application

Instructions to applicants: Complete the form by filling in all information. The following supporting documentation and fee **MUST** accompany the signed application upon submission.

- This completed application
- Proof of Insurance
- Valid Will County Health Department Permit/License
- \$250.00 License Fee (January 1 thru December 31)

Business Name

Application Date

Contact Name

Phone No.

Business Address

Tax ID

Vehicle License Plate

Print Name

Email

Signature

❖❖❖❖❖ *For Office Use Only* ❖❖❖❖❖

Application Approved Denied _____

Fee: _____

Date Paid: _____

Date Received: _____

Date Issued: _____