

City of Anna

Food Vendor Application Form

Applicant Information

Full Name: _____
Last *First* *M. I.*

Permanent Address: _____
Street

City *State* *Zip*

Name of Business: _____

Address of Operation: _____
Street

City *State* *Zip*

Phone Number: _____ Cell Phone Number: _____

State Sales Tax Identification Number: _____

Other Required Information

Please Attach the Following Information:

1. An Annual License fee of \$150.00
2. Proof of public liability insurance, with applicable minimum coverage's of \$1,000,000.00/\$2,000,000.00, per individual/per event
3. Copy of State issued driver's license or identification card
4. Copy of valid operating permit issued by the Illinois Department of Public Health

Background Check

I, _____, consent to and authorize a background check by the CITY of Anna Police Department.

Agreement Signature

I acknowledge that I have received a copy of Ordinance 2015-7 and furthermore agree to the terms and conditions therein.

Signature: _____ Date: _____