City of Aurora, Illinois
Mobile Food Unit Application

Incomplete applications will not be accepted.
Completed applications may be submitted to: Revenue & Collections, 44 E. Downer Pl.

Application Checklist

Date Application Received ________________

Event—Based License Fees:

☐ One Event License $30 (Limit of two One Event licenses per calendar year, and an event can be up to two consecutive days)

☐ Four Event License $100 (Four events in one calendar year, and limit of one Four Event License per calendar year)

Annual Vendor Licenses (Bond in lieu of fee, see page 3 for additional information):

☐ Bi-Annual (6 months) $250 Bond

☐ Annual (12 months) $500 Bond

☐ Associated with restaurant located within the City of Aurora (No charge)

Business name and address:________________________________________

Unit Type:

☐ Trailer

☐ Truck

☐ Other (please describe) ______________________________________________________

Tent, Pop-up, Peddler, Etc.

☐ Proof of Insurance

Current Certificate of Insurance (COI) that lists the City of Aurora and/or event sponsor as the primary, non-contributory additional insured on all applicable policies with GL being a minimum of $1M per occurrence and $2M general aggregate.

☐ Aurora Fire Department Approval

☐ Proof of compliance with local health department

☐ Signed Indemnification and Hold Harmless Agreement

☐ Check here if part of city-sponsored special event

☐ Private Property Consent Form (If applicable)

☐ Approved ☐ Denied

Date Approved/Denied: ___________________________

Date Issued: ___________________________

Chief Financial Officer or Designee

License Number: ___________________________

Registration Term: ___/___/____ to ___/___/____
**Applicant Information**

Applicant/Corporate Name: ______________________________________________________

d/b/a Name: __________________________________________________________________

Business Address: __________________________________________________________________

              Street                            Zip

Telephone #: ___________________________

Email Address: _____________________________________________________________

Additional Business Contact: _______________________________________________

Telephone #: ___________________________

Email Address: __________________________

Website: __________________________________


**Food & Beverage Tax Information**

State of Illinois Tax Identification Number: ______________________________________

First taxable sales date in Aurora: _____________________________________________

Registrant's type of business/organization (if Incorporated):

- __________Sole Proprietorship                        Date of Incorporation_________________
- __________Partnership                               State of Incorporation__________
- __________Corporation                                Address of Corporate Offices
- __________Other                                     ________________________________

              City                            State                            Zip Code

Registrant's owner(s), corporate officers or general partners:

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Phone</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has the ownership you are now registering engaged in business in the City of Aurora under a previous registration? If yes, please indicate registration numbers below:

ROT: ___________________________  FEIN: ___________________________
Fire Prevention Requirements Checklist

The requirements below detail what the Aurora Fire Prevention Bureau will look for during the inspection process. Mobile food units that do not meet the minimum requirements will not be issued a license by the City of Aurora. If your Mobile Food Unit is registered/licensed in another community, please fax or email a copy of the permit/license to ckoch@aurora-il.org or 630-256-3569 for expedited processing.

If you have Griddles, Grill(s), Deep Fryer and/or Open Flame, the following are all required:

- Class K Fire Extinguisher
- Ansul R-102 or a Class K Fire Suppression System
- One (1) 10 lb. Class ABC rated Fire Extinguisher

Ventilation:

- Functioning ventilation or hood exhaust system

If the Mobile Food Unit uses a generator:

- The generator must be a minimum of ten (10) feet from any buildings, other vehicles and away from public access.
- No fuel/gasoline may be stored on the truck.

If your mobile food unit is a non-cooking unit, the following is required:

- One (1) 10lb. Class ABC rated fire extinguisher.

All fire extinguisher’s are required to be currently inspected and tagged with commercial inspection tag.

Questions? Please contact the Fire Prevention Bureau at 630-256-4130.

Bond Information

If vendors choose the semi-annual or annual license, a bond is required. The semi-annual license bond is $250.00 and the annual is $500.00. The bond may be in the form of cash, check or money order and turned in with a completed application. No credit cards are accepted.

How does the bond work?

Revenue & Collections will create an account in our billing system for the business. The bond money is applied to this account as a deposit and will show as a deposit on the account. The bond/deposit is held until the end of the season for the unit and may be applied to the taxes with any overages returned (prior approval needed), or the account can be kept open if they plan to continue to do business in Aurora.

Questions may be directed to Revenue & Collections at 630-256-3560.
Fire Prevention Requirements

The requirements below detail what the Aurora Fire Prevention Bureau will look for during the inspection process. Mobile food units that do not meet the minimum requirements will not be issued a permit by the City of Aurora.

Cooking on site: □ Yes □ No

Type: □ Propane □ Charcoal

Amount of Propane on site: ____ lbs. Storage Method: ____________________________

List type, size, and number of Fire Extinguishers:

ABC: ___________ Class K:______________

Will a tent be used: □ Yes □ No Size: _____________

- No grills, open flames, or propane tanks allowed under / within tents.
- Grills must be placed outside and clear of tents and propane must maintain a 10ft. setback from tent.

How is Electrical power being supplied?

______________________________

Description of food service:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

□ Approved □ Denied Date Approved/Denied: ________________________________

_______________ Date Issued: ________________________________

Aurora Fire Department
Affidavit

I, _______________________ state that the information contained in the foregoing application is true and correct.

I also understand that any untrue, inconsistent, incorrect or misleading information contained herein shall be cause for the refusal to grant, non-renewal or the revocation of any license granted pursuant to this application.

I further state that I have read and understand all applicable laws of the City of Aurora’s Code of Ordinances and fully understand my obligations under said applicable local laws.

I swear and affirm not to violate any of the relevant laws of the United States, the State of Illinois or any of the ordinances of the City of Aurora in the conduct of the place of business described herein. I understand and agree that if I violate any local or state laws while I have a City of Aurora License, said license may be suspended or revoked.

I further authorize the City of Aurora or any of its designated agents to contact any agency or individual named or referred to in this Application for the purpose of verifying and/or clarifying any information I have provided herein.

___________________________________  ______________________________________
Print Name                                      Signature

___________________________________
Date
Private Property Consent Form

Please fill out the form below if your Mobile Food Unit will be operating on Private Property. Units are not permitted to operate on vacant property, subject to any applicable zoning regulations.

NOTE: If the event is a City-Sponsored event, this Private Property Consent Form is NOT required.

Completed forms may be faxed or emailed to ckoch@aurora-il.org or 630-256-3569.

The undersigned is the owner/lessee of the real property located at the following address:

__________________________________________________________________
Street Zip

Name of business (if applicable): ________________________________________________

I have granted permission to _______________________________________________
(Mobile Food Unit Vendor)

To use my property for the purpose of: ____________________________________________

__________________________________________________________________________________

On the following day(s)/date(s): _________________________________________________

__________________________________________________________________________________

From: a.m./p.m. ___________ to a.m./p.m.

Further, I hereby hold harmless and agree to indemnify the City of Aurora, their employees, officers or agents against any claims, demands or liability arising out of the permittee’s mobile food unit or activities while operating on, or using my property.

I certify, under penalty of perjury, that the foregoing is true and correct.

___________________________________  ______________________________________
Print Name  Signature

___________________________________
Date

□ Approved  □ Denied  Date Approved/Denied:_________________________

___________________________________  Date Issued:_________________________
Chief Financial Officer/Designee
**Mobile Food Unit Exterior Inspection**

Co. Name: _______________________________ License Plate/ Exp:__________________________

VIN #: __________________________________

Make: ___________________________________ Model: ___________________________

Vehicle Owner’s Name: ___________________________ Phone: __________________________

Address: ______________________________________________________________________________

City: ____________________________ State: _______________ Zip: ____________________________

Co. Name and Phone # or Contact Information (at least 2” in height):

Driver Side _____ Pass. Side _____

<table>
<thead>
<tr>
<th>Exterior Condition of Vehicle:</th>
<th>Pass</th>
<th>Fail</th>
<th>Re-inspect Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash / Buff / Paint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing Covers / Non-Matching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dents / Scrapes / Rust / Trim / Window Cracks / Windshield Cracked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headlights / Turn Signals / Brake Lights</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overall Inspection Rating: PASS _____ FAIL _____**

Comments/ Reason for FAIL: _____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Inspected By: _______________________________ Date: _______________________________