

**Village of Cobden
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: _____

Sales Tax Identification Number: _____

Other Required Information:

Please attach the following information:

1. Annual license fee of \$150.00
2. Proof of public liability insurance, with applicable minimum coverage of \$1,000,000.00/\$3,000,000.00 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 Village of Cobden Police Department.

Agreement Signature:

I acknowledge that I have received a copy of Ordinance No. 900 and furthermore agree to the terms and conditions therein.

Signature: _____ Date: _____

Witness: _____

Office Use:

Received Fee \$ _____ Received By: _____