



CITY OF DECATUR  
FINANCE DEPARTMENT  
#1 GARY K ANDERSON PLAZA  
DECATUR IL 62523  
LICENSING – (217) 424-2709

FEE: (see Ch 55.1)  
Mobile Food Unit \$50  
Temp Vendor Stand \$50  
Food & Bev Cart \$50

License Term:  
January 1 to December 31

**MOBILE FOOD UNIT, TEMPORARY VENDOR STAND, FOOD & BEVERAGE CART  
LICENSE APPLICATION**

**Circle one:** Mobile Food Unit      Temporary Vendor      Food & Beverage Cart

**Circle one:** New      Renewal

**Circle one:** Individual Owner      Partnership      Corporation      LLC

**PLEASE PRINT**

Business Name \_\_\_\_\_  
Name of Individual Owner, Partnership, Corporation or LLC

Doing Business As \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Proposed locations for operation:

1. Address \_\_\_\_\_  
Street City State Zip Code

2. Address \_\_\_\_\_  
Street City State Zip Code

Hours of Operation (if 2 locations, need hours at each location)

Does applicant operate an existing restaurant within the City of Decatur? \_\_\_\_ Yes \_\_\_\_ No

Is an outside source for power needed (if yes, a permit is required): \_\_\_\_ Yes \_\_\_\_ No

Is there a need for outdoor cooking (if yes, City consent required): \_\_\_\_ Yes \_\_\_\_ No

**CONTINUE ON SECOND PAGE**

TO BE COMPLETED BY FINANCE DEPT.

New \_\_\_\_ Renewal \_\_\_\_

Amount Paid \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

\_\_\_\_\_  
City Manager or Designee Date

License Number \_\_\_\_\_

License Issued \_\_\_\_\_

Names and Addresses of Owners, Partners, Officer, Director, and Shareholder:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Title \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_ DOB \_\_\_\_\_ Title \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_ DOB \_\_\_\_\_ Title \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip Code

Name of Manager \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip Code

Required documents:

- Driver's License or ID card for all listed
- Driver's License or ID card for all employees
- Printed Picture of unit/stand/cart – must have business name
- Authorized permission for locations
- Certificate of Insurance with City of Decatur as additional insured
- Copy of Macon County Health Department permit
- Copy of Illinois Department of Revenue Certificate of Registration
- Copy of Vehicle Registration – for Mobile Food Units
- Permit if outside power source is required
- Approval if outdoor cooking is to be used
- Record of Sales (for renewals)

Food & Beverage Tax requirements:

The purchase of beverage and food prepared for the immediate consumption at retail in the City of Decatur is subject to a tax in addition to any and all other taxes, per City Code Chapter 51.2. Registration with the Department of Finance is required.

Business Name \_\_\_\_\_  
Name of Individual Owner, Partnership, Corporation or LLC

Doing Business As \_\_\_\_\_ Phone # \_\_\_\_\_

THE UNDERSIGNED, BEING FIRST DULY SWORN, ON OATH DEPOSES AND SAYS:

1. That he/she has personal knowledge of the facts relative to this application and that the matters and things set out in this application are true and he/she is duly authorized to and does sign this application on behalf of said business. \_\_\_\_\_
2. That he/she understands and agrees to comply with the requirements of Chapter 55.1, Mobile Food Units, Temporary Vendor Stands, and Food and Beverage Carts, and Chapter 51.2, Food and Beverage Tax, of the City Code. \_\_\_\_\_
3. That no owner, partner, officer, director, or shareholder of the business to be licensed has ever been convicted with in the last five years of a theft, burglary, fraud, criminal sexual assault or criminal sexual abuse, or offenses involving violence against another person. \_\_\_\_\_
4. That no owner, partner, officer, director, shareholder, or employee of the business to be licensed is a child sex offender. \_\_\_\_\_
5. That no owner, partner, officer, director, or shareholder of the business to be licensed has ever had a license issued pursuant to Chapter 55.1 revoked for cause. \_\_\_\_\_
6. That he/she agrees to indemnify and save the City of Decatur, Illinois, it's officers, agents, and employees harmless against any and all loss, damage, or expense that may be sustained as a result of any suits, actions, or claims of any character brought on account of property damage, injury to, or death of any person or persons, which may be occasioned by any activity carried on under the terms of this license.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(Seal)



**MOBILE FOOD UNIT, TEMPORARY VENDOR STANDS,  
AND FOOD & BEVERAGE CART**

**HOLD HARMLESS AGREEMENT**

The licensee, \_\_\_\_\_, shall indemnify and save harmless the City of Decatur, Illinois (City), its officers, agents, and employees against claims for damages to property or injuries to or death of any person or persons, including property and employees or agents of the City and including reasonable attorney's fees incurred by the City or required in any way to be paid by the City, in defense thereof, and shall indemnify and save harmless the City from all claims, demands, suits, actions or proceedings including Worker's Compensation claims, of or by anyone whomsoever, to the extent proximately caused or proximately arising out of negligent acts or omissions to act by the applicant or licensee which may be occasioned by any activity carried on under the terms of this license, including negligent acts or omissions of employees.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicants/Licensee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name