

**Village of Valmeyer**  
**260 Knobloch Blvd.**  
**Valmeyer, IL 62295**

**Phone:** (618) 935-2131  
**Fax:** (618) 935-2299  
**Email:** [villagehall@valmeyerillinois.com](mailto:villagehall@valmeyerillinois.com)  
**Website:** [www.valmeyerillinois.com](http://www.valmeyerillinois.com)

**Mobile Food Vehicle Vendor License**

Type of Permit Requested    ☐ One Time Trial    ☐ Weekday    ☐ Weekend  
                                         ☐ Monthly    ☐ Annual

Date & Hours of Operations Requested: \_\_\_\_\_

Name on Mobile Food Vehicle: \_\_\_\_\_

Email: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Owner Cell Number: \_\_\_\_\_

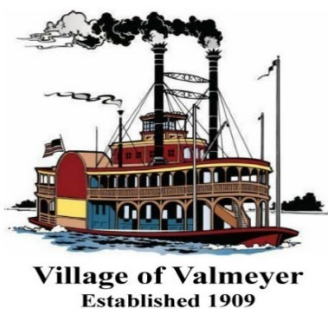
Food Vehicle Drivers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Vehicle Year, Make and Model: \_\_\_\_\_

Vehicle License Plate # and State: \_\_\_\_\_

Illinois Department of Revenue Sales Tax #: \_\_\_\_\_



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***Please provide copies of the following when submitting this application:***

- (1) Front and Back Copy of Owner's & all Food Vehicle Drivers valid Driver's Licenses.***
- (2) Copy of the Monroe County Health Department Food Establishment Permit.***
- (3) Proof of Insurance.***

***Your signature attests that all information is true and correct to the best of your knowledge. If a "One Time Trial" permit is issued it will only be valid for the date & hours of operation granted and a new application must be submitted to return.***

\_\_\_\_\_  
***Name & Title of Applicant*** ***Date***\_\_\_\_\_

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***For Office Use Only***

***Permit Type:***\_\_\_\_\_ ***Permit #:***\_\_\_\_\_

***Date(s) Valid:***\_\_\_\_\_

***Hours of Operation Approved:***\_\_\_\_\_

***Fees Paid:***\_\_\_\_\_ ***Date:***\_\_\_\_\_

***Remarks:***\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_