

CHICAGO DEPARTMENT OF Business Affairs and Consumer Protection SPECIAL EVENT PERMIT APPLICATION

SPECIAL EVENT FOOD TRUCK SINGLE EVENT LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

THIS FORM MUST BE SUBMITTED 20 CALENDAR DAYS PRIOR TO THE EVENT

FEE: \$75.00 PAID TO CITY OF CHICAGO BY OPTIMUM EVENTS AND INCLUDED IN THE VENDOR APPLICATION FEE

Please type or print clearly. Application will be returned if not completed in its entirety.

| Name of Event | | | | | |
|---|------|-------------------------|--|----------|--|
| Address of Event | | | | | |
| Date(s) of Event | | Hours of Event | | | |
| Name of Sponsoring Event/Coordinator | | Phone Number | | | |
| Name of Mobile Food Vendor | | Contact | | | |
| Department of Business Affairs & Consumer Protection Account Number | | Phone Number | | | |
| If you do not know your account number, please phone (312) 74-GOBIZ. If you do not have a City of Chicago Department of Business Affairs & Consumer Protection account | | | | | |
| Address | City | | | Zip Code | |
| Mobile Food License # | | License Expiration Date | | | |
| I acknowledge that I am only preparing/dispensing food directly from a City of Chicago licensed Mobile Food vehicle (no outside booth/tent) in compliance with a license requirements | | | | | |
| I acknowledge that I am only selling items from our City of Chicago Department of Health pre-approved menu? | | | | | |
| SIGNATURE (*Must be signed by an owner or officer) | | | | Date: | |
| int Name:Title: | | | | | |