

**FOOD DELIVERY BY VEHICLE
CITY OF CREST HILL**

FIRM NAME: _____ PHONE _____

MAILING ADDRESS: _____

CITY/STATE: _____

TYPE OF FOOD PRODUCTS OR BEVERAGE CARRIED: _____

NUMBER OF VEHICLES USED TO DELIVER IN CREST HILL: _____

PLEASE LIST VEHICLES:

YEAR MAKE PLATE NUMBER

YEAR MAKE PLATE NUMBER

YEAR MAKE PLATE NUMBER

DURATION OF LICENSE (PLEASE CHECK) ANNUAL _____ SEASONAL _____

FEES:

ANNUAL \$50.00

SEASONAL \$30.00

SIGNATURE

DATE

DATE RECEIVED _____

LICENSE NUMBERS _____

AMOUNT RECEIVED _____