



1610 Plainfield Road
Crest Hill, IL 60403
(815) 741-5100

Raymond R. Soliman, MAYOR

Christine Vershay-Hall, CITY CLERK

Food Delivery Application

Business Name: _____

Mailing Address: _____

City, State & Zip Code: _____

Telephone #: _____

Retail Occupation Tax #
(R.O.T.): _____

Type of Food/Products/Beverage Carried: _____

Number of Vehicles used to deliver in Crest Hill: _____

Duration of License (Please check one): Annual: (\$50.00 per vehicle) Seasonal: (\$30.00 per vehicle)

Year: _____ Make: _____ Plate #: _____

Year: _____ Make: _____ Plate #: _____

Year: _____ Make: _____ Plate #: _____

The undersigned, under penalties of perjury, having the authority to sign hereto does hereby affirm that to the best of my knowledge and belief, the statements set forth in this application for license are true, correct and complete. In the event the city finds that such statements are not true, correct and complete, such license issued pursuant to this application shall be subject to immediate revocation.

Signature: _____

Date: _____

OFFICE USE ONLY:

Amount Paid: _____ Date Received: _____

License # _____ License #: _____ License #: _____