



VILLAGE OF ARLINGTON HEIGHTS  
 Department of Building & Life Safety  
 33 S. Arlington Heights Rd.  
 Arlington Heights, IL 60005  
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20 \_\_\_\_\_ VEHICLE LICENSE APPLICATION

SECTION #11-701 AND SECTION 14-102

SOLE OWNER     PARTNERSHIP     CORPORATION     LLC     LLP

NAME OF COMPANY: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 COMPANY ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 FEIN #: \_\_\_\_\_ SALES TAX #: \_\_\_\_\_  
 LICENSE PLATE(S) #: \_\_\_\_\_ TRUCK(S) #: \_\_\_\_\_

TYPE OF VEHICLE			
MOBILE FOOD	\$315.00	FOOD VEHICLE	\$105.00
SCAVENGER	\$200.00		

INSPECTION OF VEHICLE BY THE HEALTH DEPARTMENT IS REQUIRED PRIOR TO RELEASE OF LICENSE.

PLEASE PROVIDE THE NAME OF THE INDIVIDUAL OR INDIVIDUALS WHO SHALL BE THE RESPONSIBLE PARTIES FOR THE ACTIVITIES UNDERTAKEN WITHIN THE VILLAGE OF ARLINGTON HEIGHTS.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE WHERE ISSUED: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE WHERE ISSUED: \_\_\_\_\_

I HEREBY REQUEST THAT A LICENSE TO ENGAGE IN THE BUSINESS OF FOOD DELIVERY/MOBILE FOOD/SCAVENGER IN THE VILLAGE OF ARLINGTON HEIGHTS. I UNDERSTAND INSPECTION OF MY VEHICLE MAY BE REQUIRED BY THE HEALTH DEPARTMENT PRIOR TO THE RELEASE OF MY LICENSE. I/WE ARE FAMILIAR WITH THE MUNICIPAL CODE OF ARLINGTON HEIGHTS AND AGREE TO CONFORM WITH THEIR REQUIREMENTS. FALSIFICATION OR OMISSION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OR REVOCATION.

HAVE YOU BEEN CONVICTED OF A CRIME EXCEPT MINOR TRAFFIC VIOLATIONS?  YES  NO IF YES PLEASE PROVIDE BELOW THE DATE, CITY AND STATE WHERE THE ARREST(S) TOOK PLACE, THE SPECIFIC CHARGES THAT WERE FILED AND THE DATE OF THE COURT DISPOSITION AND SENTENCE IMPOSED IF APPROPRIATE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

LICENSING DEPARTMENT  APPROVED  DENIED    CONTROL #: \_\_\_\_\_  
 HEALTH  APPROVED  DENIED    POLICE  APPROVED  DENIED