



MOBILE ICE CREAM TRUCK VENDOR APPLICATION

Please print legibly. All information and supplemental requirements must be completed and submitted. Incomplete forms will be returned. Please allow a minimum of thirty (30) business days for review prior to sales.

BUSINESS INFORMATION

Business Name (Corporation / DBA): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Fax Number: _____

Agent/Operator (Manager) Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ E-mail Address: _____

E-mail Address: _____ Website: _____

Corporate Liability Insurance Company: _____

Policy Number: _____ Date From: _____ To: _____

Number of Vehicle: _____ Number of Employees/Drivers: _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply complete or correct information may result in the denial, suspension or revocation of the vendor license within the Village of Fox Lake.

Name of applicant (print) Signature of applicant

Title of applicant Date

Vehicle Information

Vehicle Make: _____ Year: _____ Vehicle Model: _____

Vehicle License Plate: _____ State: _____ Issued: _____ Expiration: _____

Vehicle Insurance Company: _____ Policy No.: _____

Vehicle Make: _____ Year: _____ Vehicle Model: _____

Vehicle License Plate: _____ State: _____ Issued: _____ Expiration: _____

Vehicle Insurance Company: _____ Policy No.: _____

Vehicle Make: _____ Year: _____ Vehicle Model: _____

Vehicle License Plate: _____ State: _____ Issued: _____ Expiration: _____

Vehicle Insurance Company: _____ Policy No.: _____

Vehicle Make: _____ Year: _____ Vehicle Model: _____

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Vehicle Insurance Company: _____ Policy No.: _____

Vehicle Make: _____ Year: _____ Vehicle Model: _____

Vehicle License Plate: _____ State: _____ Issued: _____ Expiration: _____

Vehicle Insurance Company: _____ Policy No.: _____

Driver/Vendor Information

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Driver's License Number: _____ State: _____

Date Issued: _____ Expiration Date: _____ Classification: _____

Driver Acknowledgement

Each driver will have a background investigation that includes a National Criminal Conviction search and a search of the National Sex Offender Registry database. Registered Sex offenders will not be approved to be an ice-cream truck sales operator.

The following locations are restricted areas where the sale or vending of product is prohibited:

- Within 375 feet of the property line of a restaurant or tavern
- Within 500 feet of the property line of a public or parochial school (between the hours of 8:00 a.m. and 6:00 p.m.)
- Vending is also prohibited on the following roadways Route 12, Route 59, Grand Avenue, Rollins Road, Route 134, Big Hollow Road, State Park Road, Grass Lake Road, Wilmot Road, and Route 173.
- An Ice Cream Vendor may not stop his vehicle on a public roadway unless lanes of traffic in each direction are available to be used by vehicles in the area when the vendor is stopped.
- In the police and public works parking lots during the time of the GTAA baseball events. The ice-cream trucks may park in the area of the skate parks at times when the GTAA concession stand **is not** in operation.
- Amplified music, mechanized bells, or chimes are permitted only while the ice cream vending vehicle is stationary. The vehicle may park at various locations and activate the sound system but it must not be moving while the sound system is activated.

I, _____, affirm that the above provided information is true and accurate. I also acknowledge and understand the above operation restrictions and understand that I am responsible to review the Village of Fox Lake ordinances for any updates, changes or additional restrictions.

Printed Name

Signature