



Mobile Vending License Application

City of Collinsville, Illinois

BUSINESS NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____

PERSON COMPLETING THIS FORM: _____

IF A CORPORATION, LIST NAMES AND ADDRESS OF THE OFFICERS:

TITLE: _____ NAME: _____

ADDRESS: _____

TITLE: _____ NAME: _____

ADDRESS: _____

NUMBER OF VEHICLES TO BE OPERATED IN THE CITY OF COLLINSVILLE: _____

PROOF OF INSURANCE AND COPY OF DRIVER'S LICENSE MUST BE SUBMITTED WITH THIS APPLICATION FOR ALL VEHICLES AND DRIVERS. IF MORE THAN ONE VEHICLE, PROVIDE INFORMATION ON SEPARATE SHEET. **ANNUAL FEE IS \$150.**

DRIVER NAME: _____

ADDRESS: _____

DRIVER'S LICENSE STATE AND NUMBER: _____

DATE OF BIRTH: _____

YEAR, MAKE AND MODEL OF VEHICLE: _____

LICENSE PLATE NUMBER ON VEHICLE: _____

PLEASE RETURN THIS FORM TO: CITY CLERK'S OFFICE
CITY OF COLLINSVILLE
125 SOUTH CENTER STREET
COLLINSVILLE, IL 62234