

# ST. CHARLES ICE CREAM TRUCK REGISTRATION APPLICATION

REGISTRATION SHALL BE VALID UNTIL APRIL 30 FROM THE DATE OF ISSUE  
 VENDORS MUST PROMINENTLY DISPLAY POLICE-ISSUED I.D. BADGE WHEN VENDING  
 VENDING IS PERMITTED DAILY BETWEEN THE HOURS OF 10:00AM AND 8:00PM



**YOUR APPLICATION WILL NOT BE SUBMITTED FOR REVIEW UNTIL ALL REQUIRED ATTACHMENTS BELOW ARE RECEIVED**  
 (NOTE: Each individual conducting vending must complete a separate form and pay a separate \$50 fee)

- COMPLETED APPLICATION FORM** (form will be rejected if all blank spaces are not filled in)
- NON-REFUNDABLE APPLICATION FEE OF \$50.00** (cash or check – make checks payable to City of St. Charles)
- COPY OF APPLICANT'S DRIVER'S LICENSE**
- COLOR PHOTO** (For vendor badge. Photo must be taken within the last 6 months, forward-facing, full face. E-mail to [police@stcharlesil.gov](mailto:police@stcharlesil.gov))
- COPY OF KANE COUNTY HEALTH DEPARTMENT PERMIT**
- COPY OF VEHICLE(S) BOND OR PUBLIC LIABILITY INSURANCE POLICY**
- RESULTS OF BACKGROUND CHECK** Fingerprint-based background results must be from *Illinois State Police - Bureau of Identification* with results submitted to this police department (fingerprints must be taken by a state-approved Livescan vendor within the last 90 days)

COMPANY & VEHICLE INFORMATION

COMPANY NAME \_\_\_\_\_  
 (Company that you are employed by and are soliciting on behalf of)

COMPANY STREET ADDRESS INCLUDING CITY, STATE, ZIP CODE: \_\_\_\_\_

SUPERVISOR'S NAME AND ADDRESS WITHIN THE STATE OF ILLINOIS WHERE SERVICE OF PROCESS MAY BE HAD.  
 (Person in your company who is in charge of those soliciting on company's behalf and his/her address)

\_\_\_\_\_  
 Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

COMPANY VEHICLE DESCRIPTION: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Lic Plate Number \_\_\_\_\_

**NOTE: If more than one vehicle will be used, please attach a listing of vehicles and this information for each one.**

VEHICLE WAS INSPECTED BY: Name \_\_\_\_\_ Badge# \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT INFORMATION

NAME: \_\_\_\_\_

HOME ADDRESS, CITY, STATE, ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ APPLICANT'S PHONE NUMBER: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? (circle one) Y / N PLACE OF BIRTH: \_\_\_\_\_

**PHYSICAL DESCRIPTION:** HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ GLASSES Y / N

DRIVER'S LICENSE # \_\_\_\_\_ State of Issuance \_\_\_\_\_ Expiration date \_\_\_\_\_

1. ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER AS REQUIRED BY THE SEX OFFENDER REGISTRATION ACT, 730 ILCS 150? (circle one) **YES** or **NO**
2. IN THE PAST FIVE YEARS, HAVE YOU EVER BEEN CONVICTED OF THE COMMISSION OF A FELONY UNDER THE LAWS OF THE STATE OF ILLINOIS OR ANY OTHER STATE, OR OF A LAW OF THE UNITED STATES? (circle one) **YES** or **NO**; IF YES, PLEASE LIST THE OFENSE(S): \_\_\_\_\_

I certify that all of the above statements are true to the best of my knowledge, information and belief. I further certify that I will notify the City within 24 hours in writing if any change occurs in the information I have provided on this application. If this application is approved, I certify that this applicant will abide by all the rules and regulations in the City of St. Charles regarding ice cream vending. Applicant also certifies that they are aware that the \$50 application fee will **not** be refunded if application is denied for any reason.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR ST. CHARLES POLICE DEPARTMENT USE ONLY:  APPROVED  DENIED

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ EXPIRES: \_\_\_\_\_

APPLICANT CONTACTED BY: \_\_\_\_\_  
 DATE/TIME: \_\_\_\_\_