

211 S. Seminary St. PO Box 18 Downs, IL 61736 309-378-3221

## **FOOD TRUCK PERMIT**

Application Date:		Start Date:		End Date:	
Name of Business/Applicant:					
Mailing Address:					
Contact Name: Title:					
Phone #: Fax #: E-Mail Address:					
Type of Product or Service solicited:					
The below signed applicant acknowledges having read guidelines below and also acknowledges receipt of Village of Downs Street Boundary Guide.					
Printed Name of Applicant Date  Signature of Applicant					
GUIDELINES per Village of Downs Food Truck Permit Process					
<ul> <li>Dates and Times of Event/Sales. The Event will be held on the following dates and times:</li></ul>					
APPROVED BY: Village of Downs Clerk  DATE:			PERMIT N	RATION DATE:	
CC: Village of Downs Police Department			_		Revised 202505