



**Public Health**  
Prevent. Promote. Protect.

**Peoria City/County  
Health Department**  
Health Protection Division  
Environmental Health

# Peoria City/County Health Department Application for Food Safety License to Operate a Sidewalk & Street Vending Unit

*The undersigned hereby makes application for a permit to operate  
a Sidewalk & Street Vending Unit in the County of Peoria.*

**Permit Fee: \$580.00**

**Commissary/Licensed Establishment Information:**

Licensee: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Manager/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Certified Food Manager at Commissary: *(List Additional Certificate Holders on Back if Needed)*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Days and Hours of Operation at Commissary: \_\_\_\_\_

Water Supply:       Public       Semi-Private Well       Non-Community Well

Sewage Disposal:       Public       Private (Septic System)

Send correspondence to:       Commissary (address above)       Licensee (address below)

**Vending Site Information:**

Location of Vending Unit \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Days and Hours of Operation at Vending Site: \_\_\_\_\_

Certified Food Manager at Vending Site: *(List Additional Certificate Holders on Back if Needed)*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***I affirm that the above AND attached information is true to the best of my knowledge & belief:***

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please review the attached Sidewalk & Street Food Vendor Rules  
and submit necessary information and fees along with this application.***