



**Champaign County Public Health Department  
Environmental Health Division  
201 W. Kenyon Road  
Champaign, IL 61820**

**Phone: (217) 363-3269  
Fax: (217) 373-7905  
www.c-uphd.org**

## **MOBILE FOOD SALES VEHICLE INFORMATION**

Business Name \_\_\_\_\_

Permit # \_\_\_\_\_

The vehicle used for food sales is (please print):

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Color \_\_\_\_\_

License plate number \_\_\_\_\_

State \_\_\_\_\_

V.I.N. (vehicle identification number) \_\_\_\_\_

Name of applicant \_\_\_\_\_

Signature of applicant \_\_\_\_\_

***No foods may be sold from an unlicensed vehicle.  
Please return this form with your health permit/city license application.***