City of Crystal Lake

Application For An Ice Cream License

License Duration: April 1st through October 15th

(License shall be subject to the approval of the Mayor and City Council)

_____ (_____) _____-_____
Name of Company Business Phone

_____ _____ ____ _____
Business Address City State Zip Code

APPLICATION IS MADE ON BEHALF OF AN INDIVIDUAL:

_____ _____ _____ (____) ____-_____
First Name Middle Last Name Residential Phone #

_____/_____/_____ _____ ____-___-_____ _____
Date of Birth Place of Birth SSN Drivers License #

_____ _____ ____ _____
Residential Address City State Zip Code

Is Applicant a U.S. Citizen? ☐ Yes ☐ No *(If applicable, please attach copy of naturalization papers)*

_____ _____
Place of Naturalization Time of Naturalization

Character of Business: _____

APPLICATION MADE ON BEHALF OF A PARTNERSHIP OR CORPORATION:

Legal Name of Partnership or Corporation _____

Firm is a: ☐ Partnership ☐ Corporation

Date of incorporation or partnership formation _____/_____/_____

State object for which it was organized _____

_____

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THE FOLLOWING INFORMATION IS REQUIRED OF ALL PARTNERS, OFFICERS AND DIRECTORS. (If additional room is needed, please use separate sheet)

_____ _____ _____

First Name Middle Last

_____

Residential Address City State Zip

___________ _____ ____-___-____ _____

Date of Birth Place of Birth SSN# Drivers License #

Is applicant a US citizen? ☐ Yes ☐ No (If applicable, attach copy of naturalization papers)

Time & place of naturalization:_____

_____ _____ _____

First Name Middle Last

_____

Residential Address City State Zip

___________ _____ ____-___-____ _____

Date of Birth Place of Birth SSN# Drivers License #

Is applicant a US citizen? ☐ Yes ☐ No (If applicable, attach copy of naturalization papers)

Time & place of naturalization:_____

_____ _____ _____

First Name Middle Last

_____

Residential Address City State Zip

___________ _____ ____-___-____ _____

Date of Birth Place of Birth SSN# Drivers License #

Is applicant a US citizen? ☐ Yes ☐ No (If applicable, attach copy of naturalization papers)

Time & place of naturalization:_____

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_____ _____ _____

First Name Middle Last

_____

Residential Address City State Zip

___________ _____ ____-___-____ _____

Date of Birth Place of Birth SSN# Drivers License #

Is applicant a US citizen? ☐ Yes ☐ No (If applicable, attach copy of naturalization papers)

Time & place of naturalization:_____

_____

_____ _____ _____

First Name Middle Last

_____

Residential Address City State Zip

___________ _____ ____-___-____ _____

Date of Birth Place of Birth SSN# Drivers License #

Is applicant a US citizen? ☐ Yes ☐ No (If applicable, attach copy of naturalization papers)

Time & place of naturalization:_____

THE FOLLOWING INFORMATION IS REQUIRED OF ALL APPLICANTS:

Length of time applicant has been in the business: _____

Has applicant made application for a similar license on premises other than described in this application (Any other municipalities?) ☐ Yes ☐ No

If so, state date, location of premises and disposition of application:

_____ _____ _____

Date Location Disposition of Application

Has a previous license by any state or subdivision, or the Federal Government been revoked? ☐ Yes ☐ No

If so, state reasons and date of revocation _____

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Background Investigation – Applicant

Has applicant, including any partner, director or officer, ever been convicted of a felony under any Federal or State law? ☐ Yes ☐ No

If yes, explain. _____

Applicant Information:

_____

Last Name First Name Middle Initial

_____

Home Address

Date of Birth:____/____/____ State of Birth:_____

Race:_____ Height:_____ Weight:_____ Hair Color:_____ Eye Color:_____

Social Security Number:____-____-____

Drivers License Number:_____ State Issued:_____

_____

Maiden Name if Applicable (Last) (First) (Middle Initial)

No person shall be issues an Ice Cream Vendor License or may drive an ice cream vehicle, if that person has been convicted of a felony within the past five years, or must register as a sex offender as required by the Sex Offender Registration Act, 730 ILCS 150. A criminal background fingerprint check will be performed through the office of the Chief of Police, or his designee, through the Illinois State Police, Bureau of Identification and the Federal Bureau of Investigations database systems. A $50 fee shall be paid by the company or the individual driver for each person for whom a background investigation must be conducted.

It shall be unlawful for any driver of an ice cream vehicle while on duty to drink any intoxicating liquor or to use any profane or obscene language, to shout or call to prospective passengers or to disturb the peace in any way.

Applicant/Driver
Signature:_____Date___/___/___

Office Use Only

Fee Paid Yes____ No____

Date Fingerprinted _____/_____/_____ Officer:_____ #_____

Document Control Number:_____ Submitted to FBI Yes_____ No_____

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Background Investigation – Driver

Has driver ever been convicted of a felony under any Federal or State law? ☐ Yes ☐ No

If yes, explain. _____

Applicant Information:

_____

Last Name First Name Middle Initial

_____

Home Address

Date of Birth:____/____/____ State of Birth:_____

Race:_____ Height:_____ Weight:_____ Hair Color:_____ Eye Color:_____

Social Security Number:____-____-____

Drivers License Number:_____ State Issued:_____

_____

Maiden Name if Applicable (Last) (First) (Middle Initial)

No person shall be issues an Ice Cream Vendor License or may drive an ice cream vehicle, if that person has been convicted of a felony within the past five years, or must register as a sex offender as required by the Sex Offender Registration Act, 730 ILCS 150. A criminal background fingerprint check will be performed through the office of the Chief of Police, or his designee, through the Illinois State Police, Bureau of Identification and the Federal Bureau of Investigations database systems. A $50 fee shall be paid by the company or the individual driver for each person for whom a background investigation must be conducted.

It shall be unlawful for any driver of an ice cream vehicle while on duty to drink any intoxicating liquor or to use any profane or obscene language, to shout or call to prospective passengers or to disturb the peace in any way.

Applicant/Driver
Signature:_____Date___/___/___

Office Use Only

Fee Paid Yes____ No____

Date Fingerprinted _____/_____/_____ Officer:_____ #_____

Document Control Number:_____ Submitted to FBI Yes_____ No_____

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Vehicles:

Number of trucks to be operated under this license: _____

Truck Description # 1:

_____	_____	_____	_____	
Make	Model	Year	VIN #	State License #

Truck Description # 2:

_____	_____	_____	_____	
Make	Model	Year	VIN #	State License #

Hours of Operation: 12:00 noon to 8:00 p.m. (or dusk, whichever is earlier)

Each ice cream truck shall have:

- On each side, letters readable from a distance of fifty feet, the name of the licensee operating it.
- A drivers identification card with a picture of the driver displayed so it is clearly visible to the customers.

If more than one ice cream truck is operated by a licensee, in addition to the above, each truck shall:

- Be designated by a different number
- Each number shall also appear on the side of each truck.

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AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF McHENRY)

I (we) swear that I (we) will not violate any of the ordinances of the City of Crystal Lake or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief. Further, licensee understands that the license issued upon this application is, and will be subject to revocation by the Mayor and City Council of the City of Crystal Lake.

_____
Signature Title

_____
Signature Title

Subscribed and sworn to me this, _____ day of _____, _____

_____ My Commission Expires: _____
Notary Public

Include with application:

- ☐ Copy of current McHenry County Health Department Permit.
- ☐ Copy of current bond or public liability policy with the City of Crystal Lake as an additional insured as required by Illinois Compiled Statutes.
- ☐ State vehicle inspection report indicating that ice cream trucks are in safe mechanical condition.
- ☐ Operators Fee: $100.00
- ☐ $50.00 for each truck operated: _____ x $50.00 = $_____
- ☐ Police Dept. inspection report indicating that ice cream truck(s) meet all license requirements (call police department to make appointment)
- ☐ $50.00 for each background investigation: _____ x $50.00 =$_____

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