

**CITY OF HARVARD
ICE CREAM VEHICLE LICENSE APPLICATION**

Calendar Year License Fee \$500

Name _____
Address _____

Telephone # _____
Primary e-mail _____
Length of time at address _____

Business
Name _____
Address _____

Telephone # _____
Primary e-mail _____
Length of time at address _____

If less than 2 years at above address, list previous residence/business address

Applicant Information:

Date of Birth _____ Social Security # _____
Driver's License # _____ or State Issued ID Card # _____
Height _____ Weight _____ Color Eyes _____ Color Hair _____ Gender Male Female
List following information for Ice Cream Vehicle to be operated under the license:
Make/Model _____ VIN # _____ License Plate # _____

*** Complete attached sheet for any additional drivers.**

Name and address of person, firm, corporation or association whom applicant is employed by or represents and length of time in employment.

Name _____
Address _____

Length of Time Employed _____
Illinois Sales Tax # _____

If different, list name and address of employers during previous two years.

Name _____
Address _____

Length of Time Employed _____

Name _____
Address _____

Length of Time Employed _____

Description of goods and services:	
Have you previously submitted an application to the City for a similar license? If yes, when and disposition of same:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a previous Ice Cream Vehicle License issued by the City or any jurisdiction ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any provision of the City's Ice Cream Ordinance or any statute or ordinance of any jurisdiction regulating Ice Cream Vehicles? If yes, date and place of conviction:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or any crime involving moral turpitude under the laws of any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct. They are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Harvard to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the City of Harvard, the United States of America, or the State of Illinois, in particular Chapter 22.13, Ice Cream Vehicles, of the City of Harvard Municipal Code Book. I have never been convicted of a felony and am not disqualified to receive a license by reason of any matter or thing contained in Section 22.13, Ice Cream Vehicles, the laws of the state or the ordinances of the City. I hereby authorize the City of Harvard to conduct a background check.

Further, I agree to notify the City of Harvard within 30 working days of changes in any of the above information.

Signature of Applicant

1. Applicant shall furnish a list of Ice Cream Vehicle Drivers with personal information (see attached);
2. Applicant shall furnish a certificate of safety certifying that each Ice Cream Vehicle is in a safe mechanical condition and is equipped with proper brakes, lights, tires, horn, muffler, rear vision mirror and windshield wipers in good condition;
3. Applicant shall furnish copies of all required McHenry County and State of Illinois health department permits;
4. Applicant must provide a Certificate of Insurance with the City of Harvard as an additional insured party with minimum limits of \$1,000,000 individually and in the aggregate.

COMPLETE FOR EACH ADDITIONAL DRIVER/VEHICLE

Applicant Information:

Date of Birth _____ Social Security # _____

Driver's License # _____ or State Issued ID Card # _____

Height _____ Weight _____ Color Eyes _____ Color Hair _____ Gender Male Female

List following information for Ice Cream Vehicle to be operated under the license:

Make/Model _____ VIN # _____ License Plate # _____

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Further, I agree to notify the City of Harvard within 30 working days of changes in any of the above information.

Signature of Applicant (Driver)

PAYMENT OPTIONS:

1. Mail completed form with payment to:
2. Attn: City Treasurer
3. CITY OF HARVARD
4. P.O. Box 310
5. Harvard, IL. 60033

OR:

Payments may be made online via **Credit or Debit Card** as follows:

1. Complete fillable form above
2. Print Form
3. Choose the PayGov link on our Home Page
4. Choose drop down arrow in the City of Harvard: **Licenses**
5. Choose **Miscellaneous** and proceed with payment information
6. Print payment receipt and mail in with completed form to the address above
OR scan form and receipt and email to bookkeeper@cityofharvard.org

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