

STATE OF ILLINOIS)
) SS
COUNTY OF DUPAGE)

AFFIDAVIT

The undersigned being first duly sworn state as follows:

1. That they operate the mobile food vendor business named _____, located at _____ (Address, City, State, Zip Code)
2. That the list and vehicle information submitted hereto dated _____ is true and correct as of the date hereof. And that all vehicles are operated by licensed individual(s) and insured as required by Section 4.503.B. of the Wood Dale Municipal Code.
3. That the consequence(s) of not providing accurate information may lead to citations and/or revocation of your registration.

Affiants make this affidavit for the purpose of satisfy the Mobile Food Vendor Registration requirements.

Date: _____

_____ Business Owner/ Representative

Subscribed and sworn to me before this

_____ day of _____

Notary Public

(SEAL)