

MOBILE ICE CREAM PRODUCTS VEHICLE LICENSE APPLICATION

City Clerk
City of Fond du Lac
160 South Macy Street
P.O. Box 150
Fond du Lac, WI 54936-0150

Applicant's Wisconsin Sellers
Permit Number: _____

Pursuant to SS 77.61(11) Applicant must provide proof of Valid WI Seller's Permit Number

Fee: \$100.00 per vehicle per year
Expires: December 31, 20_____

Mobile Ice Cream Products Vehicle License Application under the provisions of s. 12.116, Fond du Lac Municipal Code of Ordinances.

Applicant's Name: _____ Phone Number _____

Business Name: _____

Business Address: _____

___ Individual; ___ Partnership; ___ Corporation; ___ Another Entity (If Another Entity please explain _____)

	Title	Name	DOB	Place Of Birth
Individual/President	_____	_____	_____	_____

Address _____

Partner/Vice President _____

Address _____

Treasurer/Member _____

Address _____

Agent/Stockholder _____

Address _____

Has the applicant, individual or any partners, officers or stockholders been convicted of any violation of a State or Federal law or any local ordinance in the State of Wisconsin?

(If so, name of person arrested or convicted, date of arrest, the crime or charge involved and the disposition thereof):

Owner of Vehicle:

Name: _____ Address: _____

Vehicle Manufacturer Name, Serial Number & License Number: _____

Date Vehicle Purchased: _____

Name and Address from Whom Acquired: _____

If Applicant is Not the Owner of Vehicle, State Your Interest in the Vehicle: _____

Name of Salesmen of Said Vehicle:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Persons From Whom Ice Cream Products are to be Purchased for the Purpose of Reselling in the Applicant's Business:

Name: _____ Address: _____

Name: _____ Address: _____

Subscribed and sworn to before me

this _____ day of _____, 2____.

(Individual/Member/Partner)

(Individual/Member/Partner)

(Clerk/Notary Public)

(Individual/Member/Partner)

Term expires: _____

Filing Information: Receipt No.: _____ Date: _____

License No.: _____ Date Issued: _____

CONTROL NO. _____

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Mobile Ice Cream Products Vehicle License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provide to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Mobile Ice Cream Products Vehicle License

I hereby recommend that the application be:

_____ Granted a license

_____ Denied a license

Comments _____
