

APPLICATION FOR MOBILE ICE CREAM PRODUCTS SALESMAN LICENSE

This license will expire on December 31, 20____.

Name of Mobile Ice Cream Vendor _____

Business Address _____

Name of Applicant _____

Present Address _____
Last First Middle City State Zip

Date of Birth _____ Place of Birth _____

Phone _____

Driver's License No. _____ Expiration Date _____

Chauffeur's License No. _____ Expiration Date _____

Where have you lived for the last 5 years? _____

How long have you lived in Fond du Lac? _____

Citizen of the United States? _____

Have you ever been convicted of a felony or misdemeanor? (If yes, please explain and give dates of offenses)

Have you ever been summoned to appear in court? _____

How many accidents have you had? _____

Condition of eyesight _____ Hearing _____

Are you subject to epilepsy, vertigo, heart trouble, or any other infirmity?

Name of employer for two years immediately preceding this application:

Dated this _____ day of _____, 2____.

Fee: \$25.00

Receipt No. _____

License No. _____

Date Issued _____

Signature of Applicant

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Ice Cream Products Salesman 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: Ice Cream Products Salesman License

I hereby recommend that the application be:

_____ Granted a license

_____ Denied a license

Comments _____
