



Fee: \$125.00
 Annual License Period
 License Expires: June 30, 20____

MOBILE FOOD VENDOR PERMIT APPLICATION

Section 1: Business Information					
Business Name					
Business Address					
City		State		Zip	
Business Phone					
Business Type	(Check one)	Individual	Partnership	Corporation	
WI Seller's Permit No.					
<i>Please Note: A Wisconsin Seller's Permit Number is required to process application.</i>					
Section 2: Applicant Information					
Name					
Home Address					
City		State		Zip	
Phone					
Date of Birth					
Section 3: Insurance Information					
Liability Insurance Carrier					
Policy #	(Not Less Than \$1,000,000 In Coverage)				
<i>Please Note: The City of Fond du Lac must be named as an Additional Insured & a copy of the Certificate of Liability Insurance must be submitted to the Clerk's Office with the Mobile Food Vendor Permit Application.</i>					
Section 4: Type of Mobile Vending Unit Information					
Item(s) to be sold					
Type of Direct Sales	(Check one)	Cart	Stand	Trailer	
Description of Cart, Stand, Trailer					
<i>Please Note: Attach a photo of Mobile Vending Unit</i>					
List License Plate No. & Registration Information of any vehicle to be used:					
Location(s) Where Selling	(Check All That Apply)	Sidewalk	Right-of-way	Private Property	
List Specified Location(s) Where Selling: Street Address, Days of Week at Location(s), Times For Each Location(s)					
1)					
2)					
3)					
4)					
5)					

READ CAREFULLY BEFORE SIGNING

I declare, under penalty of perjury, that the statements in this application, and all attachments to and documents submitted with this application, are true, correct and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I also acknowledge that it is my responsibility to become familiar, and comply, with the provisions of Chapter 356: Food and Food Handling Establishments, Article II: Mobile Food Vendors of the City of Fond du Lac.

Signature of Applicant:	Date:
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Application Attachments:

- Site plan if location is on private property showing the location of all existing and proposed structures, access, equipment and parking.
- Authorization to Utilize Property.
- Photo of Mobile Vending Unit (Truck, Cart, Trailer, etc.)
- Certificate of Liability Insurance: City of Fond du Lac named as additional insured and certificate holder and not less than \$1,000,000 in Coverage.
- Wisconsin Seller’s Permit.

Applications should be submitted to:

City of Fond du Lac
 City Clerk’s Office
 160 S. Macy Street
 P.O. Box 150
 Fond du Lac, WI 54936-0150
 Phone: 920-322-3430

Office Use Only

Date Received:		Control #:	
Receipt #			
Date Processed:		License #	
Date of City Council Action:		City Council Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

CITY OF FOND DU LAC

Memorandum

Date: _____

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: **Mobile Food Vendor Permit Application**

The attached application 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 provided to this office.

CITY OF FOND DU LAC

Memorandum

Date: _____

To: City Clerk

From: Chief of Police

Subject: **Mobile Food Vendor Permit Application**

I hereby recommend that the application be:

Granted a license _____

Denied a license _____

Comments:

