City of Wisconsin Dells, Wisconsin

APPLICATION FOR MOBILE FOOD TRUCK

(Ordinance 16.27)

License Period May 1, _____ to April 30, _____ **$250.00** FEE – Receipt # _____ Date # _____

Applications must be received in the City Clerk's Office at least thirty-five (35) days in advance of license being issued. The non-refundable license fee and required documentation must accompany this application at the time of filing. *A separate license is required for each unit.*

BUSINESS INFORMATION – Person, Firm, Association or Corporation/LLC that Applicant Represents, is Employed By, or Whose Food is Being Sold.

Legal/Real Name of Business:	**Trade Name:**
Address of Above: Street City State Zip Code	
Service base address:	**Location where waste is dumped and water is replenished:**
Telephone #:	**Website:**
FEIN:	**Emergency Contact and Phone #:**

APPLICANT INFORMATION – Person in Charge

Name: First	Full Middle	Last	Title
Address: Street	City	State	Zip Code
Driver's License #		**State**	

Email:	**Telephone #:**	**Cell Phone #:**

The attached Personal Data Sheet must be completed for each officer/member/agent/person in charge.

DESCRIPTION OF MOBILE FOOD UNIT

Does the unit use any cooking or heating appliance or propane? ☐ **Yes** ☐ **No**
(If yes, an inspection by Kilbourn Fire Department is require prior to operating)

Description of Vehicle and Mobile Food Truck Unit :

Mobile Unit (License #)		*(Year)*		*(Make)*		*(Model)*	

Description of Food Being Offered (attach menu if preferred):

DATES, TIMES, LOCATION(S) WHERE BUSINESS WILL BE CONDUCTED
Note: Written authorization from property owner is required. Attach additional pages if necessary.

START DATE/ END DATE	HOURS OF OPERATION	PROPERTY ADDRESS

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The above hereby makes application for a Mobile Food Truck License within the City of Wisconsin Dells pursuant to Chapter 16.27 of the Ordinances of the City of Wisconsin Dells.

Under penalty provided by law, applicant certifies the above information is true, correct and complete, and that falsification may result in denial of such license. Further, applicant understands that refunds are not allowed for any portion of the application fee paid even if denied for past and/or pending offenses and/or for any outstanding debts owed to the City. Applicant agrees that there shall be full compliance with all local, state and federal laws in the conduct of the activities for which permit may be granted.

_____ _____

Signature of Applicant Date

The Wisconsin Dells Police Department conducts background checks on all applicants

Police Dept. Background Check Date: _____ By: _____ Chief Recommendation: ❑ Approve ❑ Deny

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All licenses are issued subject to continued compliance with Chapter 16.27 of the Wisconsin Dells Municipal Code and all applicable federal and state laws.

The Police Department and/or Fire Department may suspend or revoke a license when necessary to protect public health, safety, or welfare; to prevent or abate a public nuisance; in emergency situations; or for violations of Chapter 16.27 or other applicable laws or regulations.

THE FOLLOWING MUST ACCOMPANY THE APPLICATION AT THE TIME OF FILING:

- ☐ **Non-refundable application fee**
- ☐ **Wisconsin Seller's Permit (copy)**
- ☐ **Wisconsin Premier Resort Tax Registration (copy)**
- ☐ **County or State Food License/Permit (copy)**
- ☐ **Vehicle Registration (copy)**
- ☐ **Written permission from the property owner where the unit will operate**
- ☐ **Written permission if operating within 200 feet of a licensed restaurant during its kitchen hours, as required by Section 16.25(5)(a)**
- ☐ **Fire Inspection Report**
- ☐ **Personal Data Sheet(s)**

Office Use Only

❑Utilities _____ ❑Taxes _____ ❑A/R; Other _____ ❑Parking _____ ❑Court _____

Legal/Real Name:	Trade Name:

Personal Data Sheet for Officers/Members/Directors/Agents/Managers

Name: First	Middle	Last	Alias/Former Name
Home Address: Street		City	State Zip Code
Phone Number:	**Email:**		**Date of Birth:** (mm/dd/yyyy)
Name: First	Middle	Last	Alias/Former Name
Home Address: Street		City	State Zip Code
Phone Number:	**Email:**		**Date of Birth:** (mm/dd/yyyy)
Name: First	Middle	Last	Alias/Former Name
Home Address: Street		City	State Zip Code
Phone Number:	**Email:**		**Date of Birth:** (mm/dd/yyyy)
Name: First	Middle	Last	Alias/Former Name
Home Address: Street		City	State Zip Code
Phone Number:	**Email:**		**Date of Birth:** (mm/dd/yyyy)
Name: First	Middle	Last	Alias/Former Name
Home Address: Street		City	State Zip Code
Phone Number:	**Email:**		**Date of Birth:** (mm/dd/yyyy)
Name: First	Middle	Last	Alias/Former Name
Home Address: Street		City	State Zip Code
Phone Number:	**Email:**		**Date of Birth:** (mm/dd/yyyy)