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

START DATE/ END DATE	HOURS OF OPERATION	PROPERTY ADDRESS

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

---

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)	

Kilbourn Fire Department
P.O. Box 689, Wisconsin Dells, WI 53965
Office: 608-254-2040 - www.kilbournfire.com

MOBILE COMMERCIAL COOKING SPACE

FIRE SAFETY INSPECTION HANDOUT

Thank you for operating within the Kilbourn Fire Department's jurisdiction. Our goal is to help ensure your operation is safe for employees, customers, and the community. The checklist below is a general overview and is not all-inclusive.

SCHEDULE YOUR INSPECTION

Fire Inspector Lucas Killick | lkillick@kilbournfire.com

GENERAL INSPECTION CHECKLIST

ELECTRICAL SAFETY

- ✓ Cords, hoses, and cables are routed safely to prevent trip hazards and damage.
- ✓ Extension cords are commercial grade and in good condition, without splices, cracks, or damage.
- ✓ Grounding connections and grounding pins are intact.
- ✓ GFCI protection is provided for damp or wet applications.
- ✓ Electrical equipment and connections are protected from physical damage.

FUEL SYSTEMS

- ✓ Cooking fuel tanks are approved for their intended use, properly secured, and in good condition.
- ✓ Fuel tanks are located at least 3 feet from cooking appliances.
- ✓ Fuel shutoff valves are readily accessible.
- ✓ Fuel and fuel-gas components are arranged and used in a safe manner.
- ✓ Only the fuel necessary for operation is kept on site; excessive fuel is not stored at the unit.

GENERATORS & GENERAL SAFETY

- ✓ Generators are safely located and protected from pedestrian contact.
- ✓ Generator exhaust and heated parts are directed away from patrons, combustibles, and the unit.
- ✓ The vehicle is free of external hazards that could place patrons at risk.
- ✓ Cooking equipment is maintained in safe working condition.
- ✓ Exit paths and access points remain clear and unobstructed.

Kilbourn Fire Department
P.O. Box 689, Wisconsin Dells, WI 53965
Office: 608/254-2040 - Fax: 608/254-2022 - Voice Mail: 608/253-5300
kilbournfire.com

FIRE PROTECTION & DOCUMENTATION

ADDITIONAL INSPECTION REQUIREMENTS

Please have all required extinguishers, service tags, system records, and exemption documentation available at the time of inspection.

FIRE EXTINGUISHERS

- ✓ A current, properly serviced Class K extinguisher is provided for cooking operations.
- ✓ An additional ABC extinguisher is provided for generators or other fuel-fired equipment.
- ✓ Extinguishers are properly mounted, readily accessible, and have current service tags.

HOOD & SUPPRESSION SYSTEMS

- ✓ Where required, the hood suppression system protects all cooking appliances.
- ✓ A current semiannual certification tag is in place, and the last inspection record is available for review.
- ✓ The system and its components have not been disconnected since the last inspection.
- ✓ The hood ventilation fan is operational.
- ✓ The hood, louvers, filters, and grease collectors are visibly clean and free of excessive grease buildup.

TEMPORARY KITCHEN EXCEPTION

- ✓ A kitchen may qualify for an exception from hood-suppression requirements only when all applicable conditions are met:
- ✓ The kitchen is less than 365 square feet.
- ✓ The kitchen operates fewer than 12 days per calendar year.
- ✓ The owner or operator maintains records demonstrating compliance and makes them available to an inspector upon request.

INSPECTION REMINDER

City Ordinance 16.27(4)(i): The Kilbourn Fire Department may conduct additional announced or unannounced inspections at any time during the permit term to verify ongoing compliance with applicable fire safety requirements.

Questions or scheduling: Fire Inspector Lucas Killick | lkillick@kilbournfire.com