



Annual Permit \$50.00

Date of Application \_\_\_\_\_

## MOBILE FOOD VENDOR PERMIT APPLICATION

<b>Section 1: Business Information</b>				
Business Name				
Business Address				
City	State	Zip Code		
Business Phone				
Business Type		(Circle One) Individual Partnership Corporation LLC		
WI Seller's Permit #	(required)			
<b>Section 2: Applicant Information</b>				
Name				
Home Address				
City	State	Zip Code		
Phone				
Date of Birth				
<b>Section 3: Insurance Information (attach certificate of insurance)</b>				
Insurance Carrier		Policy #		
<b>Section 4: Type of Mobile Vending Unit Information</b>				
Item(s) to be sold				
Type of Direct Sales		(Circle One) Cart Stand Truck Trailer		
Description of Cart, Stand, Trailer, Truck				
<b>Please Note: Photo must be attached of Unit</b>				
License Plate # & Registration				
Drivers License #				
Sales Location(s)				
Hours of Operations:				
List Specific Location(s): Address, Days of Week, Times				
1)				
2)				
3)				
4)				
<b>READ CAREFULLY BEFORE SIGNING</b>				
<p>I declare, under penalty of perjury, that the statements in this application, and all attachments to 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 it is</p>				

my responsibility to comply with Provisions in Chapter 12-16 of the Village of Palmyra code of ordinances.

Signature of Applicant:

Date:

**Application Requirements/Attachments:**

- Wisconsin Department of Health Permit
- Mobile Food Vendor Plan
- If selling on private property-letter from property owner
- Proof of Registration
- Proof of Insurance
- Copy of WI Seller's Permit
- Applicable Fees
- Photograph of Equipment

**Applications submitted to:**

Village of Palmyra  
Village Clerk  
100 W. Taft Street  
PO Box 380  
Palmyra, WI 53156  
(262)495-8316

**Background Check**

Pursuant to Ordinance, the undersigned recommends approval of the Mobile Food Vendor Permit

\_\_\_\_\_

Village Clerk Signature

\_\_\_\_\_

Date

If denied, reason for denial \_\_\_\_\_

**Fire Department Check**

Pursuant to Ordinance, the undersigned recommends approval of the Mobile Food Vendor Permit

\_\_\_\_\_

Chief Signature

\_\_\_\_\_

Date

If denied, reason for denial \_\_\_\_\_