

# TOWN OF BRUSSELS, DOOR COUNTY, WI

## FOOD TRUCK / MOBILE FOOD VENDOR ANNUAL PERMIT APPLICATION

**Permit Year:** 20\_\_ \_\_

### SECTION 1 – APPLICANT INFORMATION

**Name of Owner / Operator:** \_\_\_\_\_

**Business Name (if different):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Wisconsin Seller's Permit Number (if applicable):** \_\_\_\_\_

### SECTION 2 – VEHICLE INFORMATION

**Vehicle Make / Model:** \_\_\_\_\_

**License Plate #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Vehicle Identification Number (VIN):** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Coverage Amount:** Minimum \$1,000,000 per occurrence (attach proof)

### SECTION 3 – FOOD SERVICE INFORMATION

**Type of Food / Beverages to be Sold:** \_\_\_\_\_

**Door County Public Health License / Certification #:** \_\_\_\_\_

*(Attach copy)*

**Proposed Vending Locations:**

*(Include address, site map, and written permission from property owner if on private property)*

1.

2.

3.

**Hours of Operation:** 8:00 a.m. – 10:00 p.m.

## SECTION 4 – ADDITIONAL REQUIREMENTS / ACKNOWLEDGEMENTS

- I have read and will comply with the Town of Brussels Food Truck Ordinance No. 39-2025
- Permit is valid only for the vehicle and locations listed and is non-transferable
- I will maintain all required licenses, insurance, and certifications during the permit period
- I understand that failure to comply may result in suspension, revocation, or non-renewal of the permit
- I grant permission for Town officials to inspect my vehicle and vending operations during permitted hours
- Amplified sound and additional signage beyond the vehicle are prohibited

## SECTION 5 – REQUIRED ATTACHMENTS

- Copy of Door County Public Health License / Certification
- Proof of Liability Insurance (\$1,000,000 minimum)
- Vehicle Registration
- Wisconsin Seller's Permit (if applicable)
- Site Permission / Map for Vending Location(s)

## SECTION 6 – APPLICATION FEE

**Fee Amount:** \$ \_\_\_\_\_ (as listed on Town Fee Schedule)

**Payment Method:**  Check  Cash  Online

## SECTION 7 – SIGNATURE

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Town Clerk / Official Receipt:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## OFFICE USE ONLY

**Permit #:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Expiration:** December 31, 20\_\_ \_\_

**Approved by Town Clerk / Designee:** \_\_\_\_\_