TOWN OF BRUSSELS, DOOR COUNTY, WI

MOBILE FOOD VENDOR ANNUAL PERMIT APPLICATION

Application Date: _____ **Permit Calendar Year: 20__**

SECTION 1 – APPLICANT INFORMATION

Name of Owner / Operator: _____

Business Name (if different): _____

Mailing Address: _____

Phone: _____ Email: _____

SECTION 2 – VEHICLE INFORMATION

Vehicle Make / Model: _____

License Plate #: _____ State: _____

Vehicle Identification Number (VIN): _____

Insurance Provider: _____ Policy #: _____

Attach copy of Certificate of Vehicle Registration

Attach Copy of Certificate of Insurance with Coverage Amount of a Minimum of $1,000,000 per occurrence (Certificate must show proof that Town of Brussels is an additional insured.)

SECTION 3 – FOOD SERVICE INFORMATION

Type of Activity? (Simple or Complex meal prep) _____

Type of Food / Beverages to be Sold: _____

Wisconsin Seller's Permit Number : _____ *(Attach copy)*

License / Certification/ Permit to Operate #: _____ *(Attach copy)*

Proposed Vending Locations:
(Include address, dates, site map of intended operating dates. It is your responsibility to work with the land owner to obtain permission to operate from premises, if not your own property.

1.
2.
3.

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

SECTION 4 – ADDITIONAL REQUIREMENTS/ACKNOWLEDGEMENTS (Initial each)

___ 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 permit
___ I grant permission for Town officials to inspect vehicle/vending operations during permitted hours
___ I understand that amplified sound and additional signage beyond the vehicle are prohibited
___ I understand my responsibility to obtain property owner consent to operate on their premise

SECTION 5 – REQUIRED ATTACHMENTS

☐ Copy of Wisconsin Certificate of Vehicle Registration

☐ Copy of Wisconsin License / Certification to operate (WI DATCP certificate)

☐ Copy of Certificate of Liability Insurance ($1Million min) listing the Town of Brussels as additional insured

☐ Wisconsin Seller's Permit

☐ 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: _____

Send Application, documents, and fee to:

Town of Brussels, Attention Sherri Dantoin, Clerk, 1609 Orchard View Lane, Brussels, WI 54204

Questions? Call Sherri Dantoin, Clerk, at 920-493-1836

OFFICE USE ONLY

Permit #: _____
Date Issued: _____
Expiration: December 31, 20__ __
Approved by Town Clerk / Designee: _____