

Town of Rome Mobile Food Vendor License Application

For Mobile Food Vendors, pursuant to town of Rome Ordinance 7.05. **Fees are not refundable.**

License to expire 03/31/2027

For office use only:		MOFV-2026-			
<input type="checkbox"/> Proof Of Insurance Provided		<input type="checkbox"/> License Fee \$35.00 (includes the Background Check fee)			
<input type="checkbox"/> State/County Food License					
Business Name					
Owner First Name		M.I.	Last Name		
Mailing Address		City		State	Zip
Phone	Date of Birth		Birth Place (City, State)		Sex
Driver's License Number (State & Number)		Mobile Food Vehicle Information (Type & License Plate number)			
Email Address					
Arrest and Conviction Record					
Have you been convicted of a crime, statutory violation or ordinance violation within the last five years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes explain:					
The Clerk/Treasurer may refuse to register the applicant if: 1. The application contains any material omission or materially inaccurate statement. 2. The applicant failed to comply with any requirements of local or state agencies directly related to establishment as a Mobile Food Vendor. 3. The applicant was convicted of a crime, statutory violation or ordinance violation within the last five years, the nature of which is directly related to the applicant's fitness to engage in direct sales of food.					
<i>I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this License; understand that the issuance of a Mobile Food Vending license creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. By my signature below, I indemnify and hold harmless the Town, its officers and employees, and indemnify the Town, its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of this License. I understand that a background check may be conducted by the Town's officers or employees to verify accuracy of statements made in this application, and criminal convictions in the last five (5) years of a nature which is directly related to fitness to engage in direct sales of food. I expressly grant the Town, or the Town's authorized agent, permission to inspect the Mobile Food Vehicle for which this license is sought at all reasonable hours and for any proper purpose to inspect the premises for compliance with applicable ordinances. I understand that this license may be revoked by the Town upon its finding that the terms of Town Ordinances or this license have been violated.</i>					
For office use:					
Date Paid: _____ Total Paid: \$_____					
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit card					
Applicant's Signature _____					
To be filled out by the Rome Police Department					
<input type="checkbox"/> Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau or with the Rome Police Department					
<input type="checkbox"/> Files indicate that the subject has the attached Criminal Arrest Record <input type="checkbox"/> Approved <input type="checkbox"/> Denied					
Rome Police Chief Signature/Date _____			Clerk Signature/Date _____		