

VILLAGE OF FOOTVILLE
FOOD TRUCK/CART VENDOR INFORMATION



Establishment Name:

Licensee Name:

Contact Person:

Address:

Phone:

Email:

Intention to operate (Days/Times/Locations): _____

Copies of the following must be submitted with this form:

1. Sellers Permit
2. Rock County Health Department Permit

Return information to the Footville municipal office: 261 N. Gilbert Street, Footville WI 53537