



**Mobile Food Establishments Permit
Hillsboro Chamber of Commerce Events
City Ordinance #04-2020 Section 7.4.1-7.4.10**

Name _____ Date of Application _____

Business Name _____

Address _____ City _____ State _____

Chamber Event** \$10.00
(Effective June 2-September 22, 2026)

Date(s) attending _____ Time of Business: 4:00P.M.- 9:00P.M.

Vehicle Make _____ Model _____ License Plate # _____

Have you ever been arrested or convicted of any crime or ordinance violation? YES / NO

If yes, what was the nature of each offense and place of arrest or conviction?

Specific Location from which the unit will be operated: **Field Veteran’s Memorial Park**

A copy of the applicant’s valid food and beverage license issued by the State of WI or agent health department is required.

Please provide three (3) locations where applicant conducted business immediately preceding this application including identification of any licenses or permits required and the governmental entity that issued such license or permit.

**Chamber Events refers to only events hosted by the Hillsboro Chamber of Commerce with permit only being valid at those such events.

Date Issued _____ Date Denied _____

City Clerk _____

BACKGROUND INVESTIGATION AUTHORIZATION FORM

Applicant:

A background investigation will be conducted on all applicants by the City of Hillsboro Police Department. This background check will include but is not limited to: Wisconsin State Criminal History, City of Hillsboro Police Department records, Driver's License (CIB, NCIC, P&P, DOT), and with other law enforcement agencies where applicant previously resided. The City of Hillsboro Police Department will make a report and recommendation based on the above criteria. By signing below, you attest that the information provided is true and correct and that any false or incomplete information may result in denial of my application. Upon completion of the background investigation, this form will be destroyed by city staff.

Name of Applicant _____
Last Name First Name MI

Social Security # _____ Driver's License# _____

Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Phone # _____

Applicant Signature _____ Date _____