



**Mobile Food Establishments Permit  
City Ordinance #04-2020 Section 7.4.1-7.4.10**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Annual Permit \$300.00 \_\_\_\_\_ (Eff. Jan 1-Dec 31 current yr) Daily Permit \$55.00 \_\_\_\_\_

Date of Business \_\_\_\_\_ Time of Business \_\_\_\_\_ AM \_\_\_\_\_ PM

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(s) from which the unit will be operated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

---

---

---

# 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 \_\_\_\_\_