

Village of Friendship Mobile Food Vending License Application

Application Year: _____

License Expiration: June 30, _____

Applicant Information

- Business Name: _____
- Owner/Operator Name: _____
- Business Address: _____
- Phone Number: _____
- Email Address: _____

Vehicle Information

- Vehicle Make/Model: _____
- License Plate Number: _____
- VIN (Vehicle Identification Number): _____
- Is this vehicle equipped for food preparation and service?
☐ Yes ☐ No

Insurance Information

Attach proof of liability insurance to meet the following requirements:

- Issued by a company licensed in Wisconsin
- Minimum coverage: \$1,000,000 per occurrence
- Coverage must protect the vendor, the public, and the Village
- Insurance Provider: _____
- Policy Number: _____
- Coverage Dates: From _____ To _____

☐ Proof of insurance attached

License Fee

The annual license fee is \$35.00

☐ Fee paid in full (nonrefundable, not prorated)

Amount Paid: \$ _____

Date Paid: _____

Receipt No.: _____

Agreement and Signature

By signing below, I acknowledge and agree to the following:

- The license is non-transferable between individuals or vehicles
- The license must be affixed to the mobile food vehicle when in the Village of Friendship
- I will maintain valid liability insurance throughout the license period
- I understand that failure to comply may result in suspension or revocation
- I will notify the Village immediately of any changes to insurance status

Signature of Applicant: _____

Date: _____

For Village Use Only

- ☐ Application Complete
- ☐ Insurance Verified
- ☐ Fee Received
- ☐ License Issued
- License No.: _____
- Date of Issue: _____
- Approved By: _____ (Village Clerk)