



Annual Permit \$50.00

Date of Application _____

MOBILE FOOD VENDOR PERMIT APPLICATION

Section 1: Business Information				
Business Name				
Business Address				
City	State		Zip Code	
Business Phone				
Business Type	(Circle One) Individual Partnership Corporation LLC			
WI Seller's Permit #	(required)			
Section 2: Applicant Information				
Name				
Home Address				
City	State		Zip Code	
Phone				
Date of Birth				
Section 3: Insurance Information (attach certificate of insurance)				
Insurance Carrier			Policy #	
Section 4: Type of Mobile Vending Unit Information				
Item(s) to be sold				
Type of Direct Sales	(Circle One) Cart Stand Truck Trailer			
Description of Cart, Stand, Trailer, Truck				
Please Note: Photo must be attached of Unit				
License Plate # & Registration				
Drivers License #				
Sales Location(s)				
List Specific Location(s): Address, Days of Week, Times				
1)				
2)				
3)				
4)				
READ CAREFULLY BEFORE SIGNING				
<p>I declare, under penalty of perjury, that the statements in this application, and all attachments to this application are true, correct and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I also acknowledge it is my responsibility to comply with Provisions in Chapter 12-16 of the Village of Palmyra code of ordinances.</p>				

Signature of Applicant:	Date:
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Application Requirements/Attachments:

- Wisconsin Department of Health Permit
- Mobile Food Vendor Plan
- If selling on private property-letter from property owner
- Proof of Registration
- Proof of Insurance
- Copy of WI Seller's Permit
- Applicable Fees
- Photograph of Equipment

Applications submitted to:

Village of Palmyra
 Village Clerk
 100 W. Taft Street
 PO Box 380
 Palmyra, WI 53156
 (262)495-8316

Background Check

Pursuant to Ordinance, the undersigned recommends approval of the Mobile Food Vendor Permit

Village Clerk Signature _____ Date

If denied, reason for denial _____

Fire Department Check

Pursuant to Ordinance, the undersigned recommends approval of the Mobile Food Vendor Permit

Chief Signature _____ Date

If denied, reason for denial _____