

# **Mobile Food Establishment License Application**

242 Fredonia Ave PO Box 159 Fredonia, Wisconsin 53021 (262) 692-9125 https://www.fredoniawi.gov/

Fee: \$25.00/month \$250.00/year

Exemptions: Village-Hosted Festivals and Private Events

## **Applicant's Information**

| Name:   |  |  |  |  |  |
|---|--|--|--|--|--|
| Driver's License Number:  |  |  |  |  |  |
| Date of Birth:  |  |  |  |  |  |
| Permanent Address:  |  |  |  |  |  |
| Phone Number:   |  |  |  |  |  |
| Email:  |  |  |  |  |  |
| Employer's Information  |  |  |  |  |  |
| Employer's Name:  |  |  |  |  |  |
| Employer's Address:   |  |  |  |  |  |
| Employer's Phone Number:  |  |  |  |  |  |
| Length of Service with Employer:  |  |  |  |  |  |
| Description of Activities   |  |  |  |  |  |
| Permit Duration: Annual 30 Days   |  |  |  |  |  |
| Describe the nature of business to be conducted, merchandise offered, and method of delivery:   |  |  |  |  |  |
| Make, model, licence plate number, VIN number, and color of vehicle being used:   |  |  |  |  |  |
| Location of vending vehicle or cart: (Please include written authorization from property owner)   |  |  |  |  |  |
| Address and phone number where Applicant may be reached for at least seven days after leaving this village:   |  |  |  |  |  |
| Have you ever been convicted of any crime or ordinance violation within the last five years? Yes No If yes, please explain the nature of the offense: |  |  |  |  |  |
| Do you have any pending charges against you: Yes No Please describe the nature of these charges:  |  |  |  |  |  |
| Length of time necessary to complete work in the Village:   |  |  |  |  |  |
| Hours of the day you will be working in the Village:  |  |  |  |  |  |

SEE REVERSE FOR ADDITIONAL INFORMATION.

#### Please provide with your application:

- Valid Driver's License or some other proof of identity as may reasonably be required.
- A state certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighting and measuring devices approved by state authority.
- A state health officer's certificate where applicant's business involves the handling of food or clothing and is required to be certified under state law. Such certificate is to state that the applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the date the application for registration is made.
- WI Seller's Permit
- Vehicle Certificate of Registration
- Written authorization from owner of property where vehicle will be parked (if necessary)

### Registration:

- Every member of the applicant's group must fill out a separate registration form. The primary applicant will pay the registration.
- License is not transferrable.
- Mobile Vendors shall comply with all applicable local, state and federal law.
- The applicant must provide the Village Clerk with the completed application of each new hire within thirty (30) days of hiring.

#### Please read carefully:

I declare under penalty of perjury that all of the above information is true and correct to the best of my knowledge and belief. I acknowledge that I have read and understand the rules and regulations pertaining to the conduct of transient merchants, mobile merchants, and solicitors in the Village of Fredonia. I further agree to appoint the Village Clerk as my agent to accept service or process in any civil action brought against me arising out of any sale, service performed or solicitation by me in connection with the direct sales or solicitation activities in the event I cannot, after reasonable effort, be served personally. I voluntarily grant the Village of Fredonia the right to investigate the statements I have made in this application. I understand the Village of Fredonia will be doing a background check on each applicant pursuant to Chapter 514 of the Village's Code of Ordinances.

| Applicant Signature:     |  |               |                     | Date: |  |
|--------------------------|--|---------------|---------------------|-------|--|
| Village Clerk Signature: |  |               |                     | Date: |  |
| Date Received:           |  | Check Number: |                     |       |  |
| Date Issued:             |  |               | Date of Expiration: |       |  |