License #: _____

Date & Time Received: _____

City of Wausau
407 Grant St.
Wausau, WI 54403

Street Vendor Permit Application

Make checks payable to the **City of Wausau**

Applications must be made at least 7 days prior to event
City of Wausau Clerk's Office
407 Grant Street
Wausau, WI 54403 (715) 261-6620

Fee:

Non-Profit Groups:

Product: _____ **Type of Mobile Vending :** _____

Location/Address: _____

Event Date (s): _____Time (s):_____

Name of Applicant: _____

On Site Operator Name: _____Date of Birth: _____

Mailing Address: _____

Email: _____Phone #: _____

Sellers Permit number:_____
Menu and Equipment List: _____
_____
_____
_____
_____

Size of Mobile Unit (Square Feet) _____

Facility where food is to be prepared/stored (Name, Address): _____
_____

Date (s) of Preparation: _____Time (s): _____

FIXED SITE _____ **MOBILE SITE** _____

Name(s) and Address of Employee(s) working for the applicant/company:

_____ _____

_____ _____

_____ _____

I, the applicant, understand that I am responsible for the following:

- No Temporary restaurant shall operate without first obtaining a permit to do so.
- **Contacting a health inspector at (715)261-1900 between 8:00-4:30 am to discuss guidelines and foods. Must have permit from MCHD.**
- Foods not listed on this application and not granted approval prior to the event shall not be served.
- Comply with temporary restaurant guidelines see **www.publichealthmdc.com/environmental/food/tempFood.cfm**
- Permit may be suspended if serious violations exist.
- Proof of liability insurance with minimum limits of one million dollars ($1,000,000.00) shall be filed with the City Clerk.
- A current copy of the sellers permit shall be filed with the City Clerk.
- Providing license number, (if applicable) type, and photo or drawing with dimensions of the mobile vending unit(s) and all items included as stated in Chapter 5.62 Mobile vending shall be provided.
- I have read and understand Chapter 5.62 regarding the Mobile vending ordinance.

APPLICANT NOTICE:

Background checks will be performed on all applicants. The City of Wausau may suspend, revoke or deny a license issued upon this application if the applicant fails to provide requested information or is not truthful in completion of this application.

The City of Wausau does not issue licenses or permits to any person who has habitually been a law offender or has been convicted of a felony that the City determines substantially relates to the licensing activity unless the person has been duly pardoned.

Even if your license has been granted by Council, it will be held if you owe any outstanding fines, forfeitures or other debts to the City of Wausau.

Because application fees offset the cost to process your application, the fees are non-refundable regardless of whether you obtain a license or not.

Have you been arrested, or have charges pending or been convicted of any offenses, or violations of any federal, state, or municipal laws or ordinances here or any other municipality?

☐ YES ☐ NO (Complete arrest or conviction information below)

List any additional information regarding your arrest / conviction on the back of this application.

I hereby testify the above information is true and correct. I agree, in consideration of the granting of this license to comply with the laws of the State of Wisconsin, the City of Wausau Municipal Code and the rules and regulations of the various regulatory agencies and commissions of the City of Wausau pertaining to the supervision of activities permitted under the license for which the application is made. I understand this license may be revoked by the City of Wausau according to the law.

Name _____ Statute #/Local Ordinance _____
Charge _____Where Convicted _____
Date _____ Penalty _____Misdemeanor _____ Felony ____

Signature of Applicant:

_____**Date**:_____

SUBSCRIBED AND SWORN TO BEFORE ME
This _____ day of _____, 20_____ _____
(Officer of Corporation/Membership of LLC/Partnership/Individual)

_____
Clerk/Notary Public

_____
My Commission Expires

Approval of Preparation Site: **Yes** **No** **Approval of Operation-Permit Issued:** **Yes** **No**

Health Inspector: _____**Date:**_____