

Annual Application Fee: \$250
Calendar Year _____

Police Department Approval _____
City Clerk Approval _____



City of Burlington Mobile Food Vendor Permit Application

TO BE COMPLETED BY APPLICANT

1. Name of Applicant: _____ Individual; Partnership; Corporation

2. Address of Applicant: _____
STREET ADDRESS CITY, STATE & ZIP CODE

3. Full Name of Person in Charge of Sales: _____

4. Home, Business, and Mobile Phone Numbers: _____

5. Business Name: _____

6. Business Address: _____

7. Felony, Misdemeanor, or Ordinance Violation and Pending Cases for Person in Charge (Continue on back if necessary):
DATE CHARGE COURT SENTENCE IMPOSED

8. Description of Food/Merchandise to Be Sold: _____

9. Vehicle Description: _____
MAKE/MODEL LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER

10. Wisconsin Sellers Permit #: _____

11. Racine County/State of Wisconsin Health Certificate #: _____

PLEASE PRESENT THE FOLLOWING INFORMATION TO THE CITY CLERK'S OFFICE FOR EXAMINATION:

1. Copy of driver's license or another form of identification bearing the photograph of the applicant
2. State of Wisconsin Seller's Permit, unless the establishment is tax exempt. Must show proof of exempt status if the mobile food vendor is Exempt under Wis. Stat. 440.42
3. Racine County Health Department Certificate and State of Wisconsin Health Certificate
4. Copy of Vehicle Registration

READ CAREFULLY BEFORE SIGNING. Under penalty provided by law, applicant has truthfully answered the above questions to the best of the applicant's knowledge. Any inaccurate or untruthful answer may be grounds for prosecution and invalidates the permit. Applicant understands that any activity engaged in is limited to the representations made on this application and by the provisions of Section 254.2.1 of the City of Burlington Municipal Code.

Signature of Applicant

Date