



City of Amery

City of Amery
 104 Maple St W, Suite A
 Amery, WI 54001
 Phone: (715) 268-7486

MOBILE FOOD VENDOR/CART PERMIT APPLICATION										
APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME			
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER				
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?				
STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____ If "no" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____				
CITY										
STATE / ZIP										
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS				

LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

If you have none, Initial Here

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

If you have not lived anywhere else besides your current address, Initial Here

DATE	ADDRESS	CITY/STATE

Please include a copy of your driver's license or state issued identification card with the application and required fees.

MOBILE FOOD/VENDOR CART PERMIT APPLICATION

YEAR FOR WHICH THIS PERMIT IS APPLIED FOR		
DESCRIPTION OF GOODS TO BE SOLD		
DESCRIPTION OF FOOD TO BE PREPARED		
NAME OF FIRM YOU ARE WORKING FOR:		NAME OF SUPERVISOR PRIMARY CONTACT INFORMATION
NAME	NAME	
ADDRESS	ADDRESS	
CITY / STATE / ZIP	CITY / STATE / ZIP	
PHONE NUMBER	PHONE NUMBER	
EMAIL ADDRESS:	EMAIL ADDRESS:	
WILL SALES BE MOBILE?	WILL SALES BE STATIONARY?	VEHICLE MAKE, MODEL, YEAR LICENSE PLATE # AND LICENSE PLATE ISSUING STATE BEING USED FOR SALES
<input type="checkbox"/> No <input type="checkbox"/> Yes *IF YES, PLEASE LIST ROUTE/AREA WHERE BUSINESS WILL BE CONDUCTED BELOW:	<input type="checkbox"/> No <input type="checkbox"/> Yes *IF YES, PLEASE LIST STATIONARY ADDRESS WHERE BUSINESS WILL BE CONDUCTED BELOW:	MAKE: MODEL: YEAR: LICENSE PLATE #: LICENSE PLATE ISSUING STATE:
HAVE YOU HELD A SOLICITORS PERMIT IN AMERY IN THE PAST FIVE (5) YEARS	Have you ever had any type of permit or license suspended, revoked or denied in this or any other municipality?	
<input type="checkbox"/> Yes If so, WHEN? <input type="checkbox"/> No	<input type="checkbox"/> Yes If so, please specify municipality and dates. <input type="checkbox"/> No	
LAST 3 CITIES IN WHICH BUSINESS WAS CONDUCTED INCLUDE THE NAME AND ADDRESS OF CONTACT PERSONS	ADDRESS & PHONE # WHERE APPLICANT CAN BE REACHED FOR AT LEAST 7 DAYS AFTER LEAVING THE CITY	

1.	
2.	
3.	
ARE YOU OVER THE AGE OF 18?	IF YOU ARE NOT OVER THE AGE OF 18, WHO WILL BE YOUR SPONSOR FOR THIS ACTIVITY? (PLEASE LIST BELOW)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name (First, MI, Last): Has this individual applied for and received a Solicitor's Permit this year? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is this application for a Mobile Food/Vendor Cart Unit? Yes No

If you answered "yes" please complete the following questions.

As the applicant for a Mobile Food/Vendor Cart, did you:

- Provide a copy of your Driver License, State ID or Government issued picture ID such as passport or Federal Document required for identification to conduct a background investigation? Yes No
- Read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded. Yes No
- Provide a copy of any other license or permit required by the State of Wisconsin, Polk County, or the City of Amery for the applicant's business activity?
 - A state certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by state authorities; Yes No
 - A state health officer's certificate where applicant's business involves the handling of food, clothing, humans or animals and is required to be certified under state law; such certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than ninety (90) days prior to the date the application for a permit is made. Yes No
- Provide a site plan for the location where the unit will be located if this is for an outdoor location? The plan shall include a drawing showing the street address, location of unit, signage to be used, traffic and pedestrian flow. The site plan will also state the size of the vending unit and equipment specifications. Yes No
- Provide written authorization from a landowner to the outdoor vendor to use the landowner's premises for outdoor vending activities? The authorization document shall give the address of the property and the beginning and ending dates for such authorization. Yes No
- Provide a copy of the approved special use zoning permit, if necessary? Yes No
- Provide a sign-off of the application document that the applicant has met with and received approval from a member of the city planning department, and that the application complies with city zoning requirements and permits?

TO: CITY COUNCIL OF THE CITY OF AMERY, WISCONSIN

Applicant agrees to provide a copy of their Driver License, State ID or Government issued picture ID such as passport or Federal Document required for identification to conduct a background investigation. The undersigned affirms that he/she made COMPLETE AND TRUE answers to each question and understands that his/her past record will become part of this application. The undersigned is also aware that incomplete or false answers may result in denial or revocation of permit and authorizes a review of and full disclosure of any and all records, files and reports, which include any police contact as well as arrests.

As the applicant, I hereby agree to comply with all laws, Resolutions, Ordinances and Regulations, Federal, State, or Local affecting the direct seller, peddlers, or solicitors if a license is granted to me. Applicant acknowledges that any sales or solicitations must comply with posted notices of "NO SOLICITORS" or like notices in writing, or given verbally by the property owner or person in lawful control of the property.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Call or Email me I will pick up my license when it is ready

FEES: - The permit fee for a mobile food vending unit shall include a \$10 fee for a background investigation. Total fees are \$20 for a two-week period and \$100 for a 90-day period.

OFFICE USE ONLY- Application and fees accepted by _____ Date _____ / _____ / 20

In regards to the issuance of this license, the Amery **Police Department**:

_____ has no objection.

_____ does have an objection which is detailed, with a recommendation, in the attached report.

_____ recommends further review and consideration for action by the city attorney with a report to follow due to the following:

-

Signature of Police Chief or his/her designee

DATE

Signature of City Clerk or his/her designee

DATE

Permit Number _____ **Permit Effective** _____ **Permit Expires** _____

AUTHORIZATION FOR USE FROM BUILDING/PROPERTY OWNER

Name of Business making application:

Address

Applicants name:

Property Owners Name

As owner of the property located at

I have knowledge and give permission for this business to make application and use the above state property for a business use for a Mobile Food Cart

Property Owners Signature

Date:
