

City of Weyauwega
 109 E Main Street - PO Box 578
 Weyauwega, WI 54983
 920-867-2630



MOBILE FOOD BUSINESS LICENSE APPLICATION

The following information is required to be included and explained in your submittal.

1. Submit a copy of the vendor's license from the Waupaca County Department of Health.
2. Complete and submit this application form along with a \$50 annual application/license fee, \$25 for fire inspection, and \$7 for background check payable to the City of Weyauwega (Cash or Check only).
3. Submit a copy of your Proof of Insurance.
4. Read and agree to the City Ordinance for food trucks and mobile food establishments

<u>Business Name</u>			
<u>Owner First Name</u>	<u>M.I.</u>	<u>Last Name</u>	
Mailing Address	City	State	Zip
Phone	Date of Birth	Birth Place (City, State)	Sex
Driver's License Number (State & Number)	Mobile Food Vehicle Information (Type & License Plate Number)		
Email Address			
Have you been convicted of any crime or ordinance violation in this state, or any other state, substantially related to this activity within the last five (5) years? _____ Yes _____ No	Place of Conviction	If Yes, Nature of Offense and Date <i>attach additional sheets if necessary</i>	

If you are not the Property Owner, please fill out the following:

Property Owner: _____

Property Owner's Address: _____

Property Owner's telephone number: _____

Property Owner's email address: _____

The Property Owner shall email consent for the operation of a food truck on the property to the City of Weyauwega City Clerk Becky Loehrke at bloehrke@cityofweyauwega-wi.gov.

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Applicant's Statement:



I hereby certify that this application is complete, true and correct to the best interest of my knowledge. I will do my best to avoid producing excessive noise and other nuisances and to be a good neighbor. I agree, in consideration of the issuing of this license, to comply with the laws of the State of Wisconsin, and to the provisions of the Municipal Code of Ordinances of City of Weyauwega including the provision that this license may be revoked for violations to this ordinance.

Date Paid: _____ Total Paid: \$ _____

Check # _____ Cash _____ Applicant's Signature _____

To Be Completed by the City of Weyauwega		
_____ Subject has no Criminal Arrest Record		
_____ Files indicate that the subject has the attached Criminal Arrest Record		
_____ Approved _____ Denied		
_____	_____	_____
City of Weyauwega Police Department	Date	City Clerk Signature/Date

Mobile Food Establishment Requirements:

Please carefully read the City Mobile Food Establishment Ordinance for more complete specifications and restrictions.

Additional Questions:

1. Describe the food truck or mobile food unit. What are the dimensions?

2. What type of items will be sold from the proposed unit?

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3. Where will the mobile food unit be located? What is the address of the property? Where on the property will the unit be situated?

4. Please describe the plan of operation for the proposed mobile food unit.

a. What days and hours will the truck be on site?

b. What days and hours sales will occur?

c. How will traffic be managed?

d. Where will customers park?

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e. What will signage look

like?

f. Where will waste be disposed? Will there be waste containers on site?

g. Please include any other information that is pertinent to the operations of this unit?