

# MOBILE FOOD ESTABLISHMENT PERMIT APPLICATION

Original \_\_\_\_\_  
Renewal \_\_\_\_\_  
Calendar year \_\_\_\_\_

## PART A – 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. Home, Business, and Mobile Phone #'s: \_\_\_\_\_
5. Business Name: \_\_\_\_\_
6. Business Address: \_\_\_\_\_
7. Description of Food/Merchandise to Be Sold: \_\_\_\_\_  
\_\_\_\_\_
8. Vehicle Description: \_\_\_\_\_  
MAKE/MODEL LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER
9. Insurance Carrier and Policy #: \_\_\_\_\_  
\_\_\_\_\_
10. Wisconsin Seller's Permit #: \_\_\_\_\_
11. Door County/State of WI 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. CH. 440.42.
3. Door County Health Department Certificate or State of Wisconsin Health Certificate.
4. Certificate of Insurance showing: a.) General liability insurance for a minimum of \$1,000,000 insuring the individual mobile food vendor and/or their company and naming the Town of Gibraltar as an additional insured. **The Certificate of Insurance must state that the Town of Gibraltar is an additional insured.**
5. 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 \_\_\_\_\_, Town of Gibraltar Municipal Code.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**PART B – FOR TOWN USE ONLY**

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Date Application Received and Filed: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_

Certificate of Insurance:  Company Name: \_\_\_\_\_

Copy of Vehicle Registration: ; Reviewed by: \_\_\_\_\_

Town Board Action:  Approved;  Denied Date Permit Issued: \_\_\_\_\_

**TOWN OF GIBRALTAR ORDINANCE FORFEITURE AND FEE SCHEDULE (4/3/19)**

<b>Ordinance Number</b>	<b>Forfeiture</b>	<b>Fee</b>
1982-05 Section 1	\$300 First Offense \$500 Second Offense or more	\$300 annually