



Town of Gibraltar
PO Box 850
Fish Creek, WI 54212
(920) 868-1714
clerk@gibraltarwi.gov

\$500 annual license fee

Town of Gibraltar Mobile Vending Application

BUSINESS INFORMATION

NAME OF APPLICANT: _____ INDIVIDUAL__ ; PARTNERSHIP__ ; CORPORATION__

ADDRESS OF APPLICANT: _____

FULL NAME OF PERSON IN CHARGE OF SALES: _____ DATE OF BIRTH: _____

HOME, BUSINESS, AND MOBILE PHONE NUMBERS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE): _____

DESCRIPTION OF FOOD/MERCHANDISE TO BE SOLD: _____

LOCATION OF MOBILE VENDING OPERATION: _____

VEHICAL DESCRIPTION (MAKE/MODEL, LICENSE PLATE NUMBER): _____

INSURANCE CARRIER AND POLICY #: _____

WISCONSIN SELLERS PERMIT #: _____

DOOR COUNTY/STATE OF WI HEALTH CERTIFICATE #: _____

PLEASE PRESENT THE FOLLOWING TO THE TOWN CLERK'S OFFICE FOR EXAMINATION

1. COPY OF DRIVERS LICENSE OR ANOTHER FORM OF PHOTO IDENTIFICATION
2. STATE OF WI SELLER'S PERMIT, UNLESS TAX EXEMPT. MUST SHOW PROOF OF EXEMPT STATUS
3. DOOR COUNTY HEALTH DEPARTMENT CERTIFICATE OR STATE OF WI 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.
5. COPY OF VEHICLE REGISTRATION
6. WRITTEN PERMISSION FROM PROPERTY OWNER(S)



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READ CAREFULLY BEFORE SIGNING.

UNDER PENALTY PROVIDED BY LAW, APPLICANT HAS TRUTHFULLY ANSWERED THE ABOVE QUESTIONS TO THE BEST OF THEIR 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 ORDINANCE 2023-??

SIGNATURE OF APPLICANT

DATE

FOR TOWN USE ONLY

DATE RECEIVED AND FILED: _____

____ APPROVED; ____ DENIED

DATE PERMIT ISSUED: _____

TOWN OF GIBRALTAR BUSINESS LICENSE #: _____

MOBILE VENDING PERMIT #: _____