

Village of Johnson Creek
 125 Depot Street, P.O. Box 238, Johnson Creek, WI 53038
 Email: info@vj.johnsoncreek.wi.gov Web: johnsoncreek-wi.us
 920-699-2296 Phone 920-699-2292 Fax

Office Use
Permit
No. _____
Date: _____

Mobile Food/Beverage Truck License Application
(Village Code-Chapter 193-1: Mobile Food Truck)*

Fees:	
Daily	\$ 10.00
Week	\$ 40.00
Month	\$ 100.00
Year	\$ <u>400.00</u>
Filing Fee	\$ <u>10.00</u>
Total	\$ _____

Must be paid at the time of filing application; this fee shall cover the cost of investigation for the affective enforcement of this section and the safeguarding of the residents of the Village from fraud, misconduct or abuse. This application must be completed and filed 72 Hours prior to date of use. Fee is non-refundable.

Required at Time of Application:

1. **Copy of Valid Driver's License or picture ID required to file application.**
2. **Copies of food and beverage licenses issued by the State of Wisconsin, Jefferson County, or any other licensing agency where such licenses are issued and required for any activities to be conducted by a Mobile Food Vendor**
3. **Proof of Insurance.**

Failure to fill out this form in its entirety, omissions or false statement constitute grounds for denial or revocation of any license applied for or issued.

Make checks payable to: Village of Johnson Creek

Selling Dates: _____
Selling Times: _____

Firm Name _____	Phone _____
Permanent Address _____	
Street	City State Zip

Please Print

Applicant's Legal Name _____
First Middle Last
Home Address _____
Street City State Zip
Temporary Selling Address _____
(While in Village) Street City State Zip
Email Address: _____

Applicant Information for Identification Purpose Only:			
Date of Birth _____	Height _____	Hair Color _____	
Age _____	Race _____	Weight _____	Eye Color _____

Mobile Food/Beverage Truck License Application
(Village Code-Chapter 193-1: Mobile Food Truck)

1. Describe the nature of your business and the goods/services offered: _____

2. Where are the goods or property to be sold, manufactured or produced? _____

3. What is your proposed method of contact? _____

4. What is your proposed method of delivery of goods? _____

5. Describe the vehicles(s) being used by you and your organization in conducting business:

Make	Model	Year	License # & State
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Owner

6. Have you or your firm ever been convicted of, entered into a consent judgment of decree concerning, or otherwise disposed of any criminal or forfeiture violation charged against you concerning your business or solicitation activities during the past five (5) years? Yes _____ No _____
If yes, give nature of offense, what was charged, the penalty assessed, when, the location of the offense, the place of conviction and the charging/arresting agency. Give city, county and state. _____

Chapter 193 of the Village of Johnson Creek Code of General Ordinance specifies all the laws and requirements which you are governed by and with which you must comply. Know the law and comply with the requirements. A copy of this Ordinance is available for a fee or you may read the ordinance on our web site: johnsoncreek-wi.us.

I, _____ affirm that I read this application, answered the questions myself, that my answers are true and complete to the best of my knowledge and that I agree to obey all the laws which regulate the activities I plan to engage in. I further acknowledge that I am familiar with or have asked for copies of such laws.

*Licenses issued to Mobile Food Vendors shall authorize **mobile food sales activities only on private property which is zoned and used for commercial or business** uses in accordance with the zoning code of the Village. Any license issued for a Mobile Food Vendor shall identify the location on the lot or private property on which mobile food sales activities can be conducted. No license authorizing Mobile Food Vendor sales may be issued for a private lot, or any property which is owned or used for residential purposes.

Signature of Applicant Date

For Office Use Only (LIC MISC 100-44210)	
Recommended for License _____ Yes _____ No _____	Chief of Police _____ Date _____
Amount Paid at time of application \$ _____	Check # _____ Cash _____
Date _____	