



[] New
[] Renewal

CITY OF WAUPACA
APPLICATION FOR MOBILE FOOD UNIT

Applications must be received in the City Clerk’s Office at least fifteen (15) days prior to issuance of said license. The non-refundable license fee and documentation listed on page two of this application must accompany this application at the time of filing. If you wish to vend in a public park please contact the Park and REC Director (715-258-4435) for approval.

General Information – Person in Charge

Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____ Driver License No: _____

Business Name: _____

Have you ever been arrested or convicted of any crime or ordinance violation?

[] Yes [] No

If yes, please list nature of the offense, date and place of conviction: _____

(The attached personal data sheet must be completed for each employee)

Vehicle Description: _____

Make/Model

License Plate Number

VIN #

Description of Food/Merchandise to be sold: _____

Municipalities where applicant conducted similar business:

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

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.

Signature of Applicant

Date

PERSONAL DATA SHEET

(PLEASE PRINT ALL INFORMATION)

Each Employee **AND** Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none". Background checks will be done on all employees at a fee of \$12 each (\$20 out of state).

Name of Employee: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Driver License No: _____

Violations: _____

Name of Employee: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Driver License No: _____

Violations: _____

Name of Employee: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Driver License No: _____

Violations: _____

Name of Employee: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Driver License No: _____

Violations: _____
