

Town of Mountain
Application for Transient Merchant License
MOBILE FOOD ESTABLISHMENT

Fee: \$25 Yearly

Date of Application: _____

License Expiration Date: **December 31,** _____

It shall be unlawful for any Transient Merchant to engage in sales within the Town of Mountain without being licensed for that purpose.

The undersigned hereby makes application for a Transient Merchant License, as defined in Transient Merchant Ordinance #2020-06 for the Town of Mountain, to engage in said business, in the Town of Mountain, Wisconsin, subject to the limitations imposed by law, and hereby agrees to comply with all laws, resolutions, ordinances, and regulations.

I further understand that this license is not transferable and that a copy of my driver license is required.

Name of Applicant		Telephone Number		
Permanent Address		City	State	Zip
Service Base Address		City	State	Zip
Vehicle Make	Model		License Plate Number	
Driver License Number (copy required)		State Issued		

Description of all food items to be offered for sale:

Address or location(s) of sales **IN THE TOWN OF MOUNTAIN** and telephone number, if applicable:

Three most recent cities, villages, or towns where business has been conducted:

Please list your contact information for the next seven (7) days after leaving the Town of Mountain:

Address

Telephone Number

Required document copies (please submit with application):

- Wisconsin driver license or other proof of identity containing a photograph of the applicant.
- Wisconsin certificate of examination and approval from the sealer of weights and measures for each device utilized, if applicable.
- Current, valid Wisconsin Seller's Permit.
- Current auto insurance declaration page for coverage in force for the entire license period.
- Current proof of liability insurance in an amount no less than \$300,000 per incident.
- Current mobile food establishment permit issued by the *Wisconsin Department of Health Services.
- Current service base permit issued by the *Wisconsin Department of Health Services.
*Or its designated agent such as Oconto County Public Health Department or WI Department of Agriculture, Trade and Consumer Protection.

Have you ever been convicted of any crime or ordinance violation related to food service within the last five (5) years?

No _____ Yes _____ If yes, describe nature of offense:

Place of conviction: _____

The undersigned declares the above information is true and complete. If the Town subsequently learns the information provided is untrue or incomplete, the license is subject to revocation.

Signature of Applicant

Date

If selling at a fixed, private location, signature of property owner or manager giving applicant permission to be at location:

Signature of Town of Mountain Property Owner/Manager

Date

If selling at a public location / roadway, signature of Town of Mountain Chair giving applicant permission to be at location:

Signature of Town of Mountain Chair

Date

FOR OFFICE USE ONLY:

Town Board Review: Recommended Denied: If not recommended, reason for denial:

Signature of Town Chair

Date

Attest by Town Clerk

Date

License Issue Date: _____

License Number: _____