



**Mobile Food Cart Application – Additional Operators**  
 Pursuant to Village Ordinance Chapter 11  
**Must be submitted with original or renewal mobile food cart application**

**Applicant Information**

Last Name:		First Name:		Middle Name/Initial:	
Phone Number:		E-mail Address			
Permanent Home Address:			Service Base Address:		
Social Security Number:		Driver License/ID #:		State of Issuance:	
Age:	Date of Birth:	Weight:	Height:	Eyes:	Hair:

**Arrest/Conviction Record**

Have you ever been fined/arrested for and/or convicted of ANY LAW of the State of Wisconsin or of the United States(including traffic violations)?

yes\*\*    no

**\*\*If yes, please list all convictions below. Any omissions could result in a denial of this application.**  
 (The following websites may provide information on your records:  
<https://recordcheck.doj.wi.gov/>    <https://wcca.wicourts.gov/>    <https://www.dmv.us.org>

Date of Conviction	Name of Court	Nature of Offense

**Required Documentation**

The following items must accompany this application

A clear photocopy of your Driver License/State ID or other proof of identity

I certify that I am the applicant in the foregoing application; that I have read and made complete answers to each question, and that my answers in each instance are true and correct.

\_\_\_\_\_  
 Applicant Signature

**FOR OFFICE USE ONLY**

<p><b>RECOMMENDATION FROM MCFARLAND POLICE DEPARTMENT</b></p> <p><input type="checkbox"/> - Approved    <input type="checkbox"/> - Denied</p> <p>_____          Chief of Police</p>	<p><b>RECOMMENDATION FROM PUBLIC WORKS DEPARTMENT</b></p> <p><input type="checkbox"/> - Approved    <input type="checkbox"/> - Denied    <input type="checkbox"/> - Not Required</p> <p>_____          Public Works Director</p>
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