



Mobile Food Cart Application

Pursuant to Village Ordinance Chapter 11

License Type:

- Annual \$150 (January 1-December 31)
- Single Event Permit \$50

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:
Physical description of any mobile food establishment to be used (include make, model and license number):					
<p>**Please submit additional applications for additional operators who will be operating your mobile food establishment. Additional applications can be obtained from our website at www.mcfarland.wi.us/licensespermits under the mobile food establishment section, or in the Village Administration Department at 5915 Milwaukee St., McFarland, WI 53558</p>					

Business Information

Business Name:		Phone:	
Street Address: (include city, state and zip code)		Service Base Address: (include city, state and zip code)	
Description of goods/good to be sold/prepared:			
List last three cities in which you conducted similar business or solicitation	City, State		Date Left

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

Operation plan:

Will your unit operate on Public or Private Property?:* _____

Please provide the location(s) the unit will operate including zoning districts of operation:

*If you will be operating on Private Property, please attach documentation of permission of the property owner.
*If you will be operating on public property, your application will be submitted to the Public Works Department for approval. Public Works will follow up to discuss the details and provide approval of denial.

Required Documentation

The following items must accompany this application

- Payment by check or cash of \$150 for annual permit or \$50 for single-event permit
- A clear photocopy of your Driver License/State ID or other proof of identity
- Permission to operate on Private Property (if applicable)
- A copy of all food and beverage licenses issued by the State of Wisconsin or agency health department.

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

RECOMMENDATION FROM MCFARLAND POLICE DEPARTMENT

- Approved - Denied

Chief of Police

RECOMMENDATION FROM PUBLIC WORKS DEPARTMENT

- Approved - Denied - Not Required

Public Works Director