



MOBILE FOOD VENDOR INFORMATION PACKET

Permit period: January 1 to December 31

You will find the following documents included in this packet:

- Mobile Food Vendor Application
- Tomah Municipal Code:
 - Chapter 12, Article VII, Section 12-123 to 12-130
- Fire Safety Requirements for Mobile Food Trucks

Questions: Please contact the City Clerk's office at njacobs@tomahwi.gov or 608-374-7509.

A complete application packet for submittal to the City of Tomah will include the following:

1.	Completed City of Tomah Mobile Food Establishments Application	
2.	Photo ID or other acceptable picture proof of identification	
3.	Copy of license issued by the Wisconsin Department of Agriculture, Trade, and Consumer Protection and other applicable agencies.	
4.	Copy of Certificate of Liability Insurance with minimum coverage of: <ul style="list-style-type: none"> a. Mobile Food Establishment - \$1,000,000 	
5.	Written permission from private property owner, if applicable.	
6.	Inspection report from the Tomah Fire Department. To arrange an inspection appointment, please contact Jeremy Likely, Deputy Fire Chief at 608-374-7465 or via email at jlikely@tomahwi.gov .	
7.	Payment of applicable fee: <ul style="list-style-type: none"> a. Mobile Food Establishment fee: \$125.00 b. Mobile Pushcart fee: \$25.00 	
8.	Please submit your application, attachments, and fee to the Clerk's office at: Tomah City Hall, 819 Superior Ave, Tomah, WI 54660	



MOBILE FOOD VENDOR LICENSE APPLICATION

\$25.00 - Pushcart Fee valid Jan. 1 - Dec. 31

\$125.00 - Mobile Food Establishment Fee

Date Paid: _____ Cash Credit Card Check # _____

Receipt # _____

PLEASE PRINT CLEARLY. THANK YOU.

Type of License Annual Cart License - \$25.00 Annual Mobile Food Establishment License - \$125.00

APPLICANT INFORMATION

First Name (must match ID) **Middle Name** (must match ID) **Last Name** (must match ID)

Email Address **Telephone No.**

Street Address of Where You Live **City** **State** **Zip**

Date of Birth **Driver's License or ID #** **DL State** **DL Expiration** **Social Security # (last 4 digits)**

Height **Weight** **Hair Color** **Eye Color**

Have you violated any laws? NO Yes: What state(s) have you violated laws in?

LIST ALL PAST VIOLATIONS If you need more room, please use a separate sheet of paper, and attach hereto.

Year _____	Nature of Offense _____	Year _____	Nature of Offense _____
Year _____	Nature of Offense _____	Year _____	Nature of Offense _____

LIST ANY CURRENT PENDING CRIMINAL VIOLATIONS

Year _____	Nature of Offense _____	Year _____	Nature of Offense _____
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Are you currently on probation or parole? No Yes > **Agent's name and phone #**

Have you ever used a different name or changed your name? NO YES, list ALL other names here:

Have you ever been contacted by any consumer protection agency? NO YES

Did you attach a copy of your driver's license or photo ID to this application? NO YES **STOP Your application cannot be processed at this time**

BUSINESS INFORMATION

Business Name

Website Address **Business Telephone No**

Street Address of Business Location **City** **State** **Zip**

Business Owner's Name **Business Owner's Address** **Business Owner's Telephone No**

Do you have a mobile food vendor base of operation? NO YES If yes, please provide the location in the space below.

List goods and/or services offered and method of delivery

BUSINESS INFORMATION (continued)

Type of Vending Unit	<input type="checkbox"/> Food Trailer	<input type="checkbox"/> Food Truck	<input type="checkbox"/> Ice Cream Truck	<input type="checkbox"/> Sidewalk Cart
	<input type="checkbox"/> Stand	<input type="checkbox"/> Booth	<input type="checkbox"/> Tent	

Vehicle Information				
Make	Model	Year	License Plate #	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List the name, location, and dates of the last three cities where a municipal license was required where you conducted business:

NOTE Parking is operated on a first come, first served basis. Because of this you may find parking spaces occupied by non-vendors.
 List the specific locations, times, and days you would like to vend within the City of Tomah

Did you attach a copy of your Certificate of Liability Insurance? \$1,000,000 - mobile food establishment	<input type="checkbox"/> NO Your application cannot be processed at this time
	<input type="checkbox"/> YES

Did you attach a copy of a valid food and beverage license issued by the State of Wisconsin, or another agency with jurisdiction?	<input type="checkbox"/> NO Your application cannot be processed at this time
	<input type="checkbox"/> YES

If operating on private property, have you attached written permission from the property owner?	<input type="checkbox"/> NO Your application cannot be processed at this time
	<input type="checkbox"/> YES

A passing inspection report from the Tomah Fire Department is required before a license can be issued. Please contact Jeremy Likely, Deputy Fire Chief at 608-374-7465 or jlikely@tomahwi.gov to schedule an appointment. Please record your appointment information here >>>>>>	Fire Inspection Appointment	
	Date	Time
	_____	_____

APPLICANT'S STATEMENT

I appoint the City Clerk or his/her agent to accept services of process in any civil action brought against me arising out of any sale or service performed by me in connection with my mobile food vending activities in the event I cannot, after reasonable effort, be served personally.

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Tomah, Wisconsin.

Applicant's Signature _____ Date _____

STAFF USE ONLY

Fire Department		Police Department		Clerk's Office	
	Date Staff Initials		Date Staff Initials		Date Staff Initials
Inspection Passed	_____ _____	Sent to PD	_____ _____	Approved	_____ _____
Inspection Failed	_____ _____	Approved	_____ _____	Denied	_____ _____
		Denied	_____ _____		