



**OFFICE USE ONLY:
CODE: AO**

City Clerk's Office
211 Walnut Street, P.O. Box 426, Neenah, WI 54957-0426
Phone: (920) 886-6100 Fax: (920)886-6109

CITY OF NEENAH, WISCONSIN MOBILE FOOD VENDING LICENSE APPLICATION

Application Date: _____ **Cost:** \$100.00 per year
 \$50.00 BID Surcharge
 Mail Approved License **Receipt Number:** _____
 Call when approved **License Expiration Date:** June 30, _____

SECTION ONE: APPLICANT(S) INFORMATION

Individual (If applying as a corporation, skip to *SECTION ONE: Corporation/LLC*)

Name (First, Middle, Last) Street City/State/Zip Phone
Date of birth: _____
Signature Date

Corporation/LLC (Include EACH officer/member of the Corporation/LLC)

Corporation/LLC Name: _____

Officer/Member Name (First, Middle, Last) Street City/State/Zip Phone
Signature Date

.....

Officer/Member Name (First, Middle, Last) Street City/State/Zip Phone
Signature Date

.....

Officer/Member Name (First, Middle, Last) Street City/State/Zip Phone
Signature Date

.....

Officer/Member Name (First, Middle, Last) Street City/State/Zip Phone
Signature Date

SECTION TWO: DESCRIPTION OF MOBILE FOOD VENDING VEHICLE OR CART

Make/Model of Vehicle Or Description of Cart

VIN Number (mobile food vending vehicles ONLY)

License Plate No. (mobile food vending vehicles ONLY)

Does the applicant own, rent or lease the mobile food vehicle/cart? OWN RENT LEASE

SECTION THREE: NATURE OF BUSINESS & DESCRIPTION OF GOODS

Type of food being sold from Mobile Food Vending Vehicle/Cart: _____

Has Applicant Ever Been Convicted Of Any Crime Or Ordinance Violation Related To Applicant's Business During The Last 5 Years? Yes No

If Yes, Provide Nature of Violation and Place of Conviction: _____

- I have provided a copy of all necessary licenses/certificates required by Winnebago County, the State of Wisconsin and any other enforcement agencies or departments, as they pertain to my mobile food vending vehicle or cart.
- I certify that I have no delinquent taxes, assessments or other claims in whole or part owed to the City, nor any delinquent forfeiture resulting from a violation of any City Ordinance.
- I hold harmless, the City of Neenah and its officers and employees, and shall indemnify the City, its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of the license.
- I have provided Certificate of Insurance coverage of not less than \$1 million dollars.
- I the undersigned hereby swear or affirm that I have completed this application in a true and correct manner and I have read and understand Ordinance No. 2013-12 and Chapter 4, Article XIII relating to Mobile Food Vendor Licensing of the City of Neenah, Wisconsin.
- I understand that this license is subject to the conditions of future Special Event Agreements pursuant to Code Sec. 4-206.
- I understand that I may or may not be able to operate within the Neenah Central City Business Improvement District (BID) boundaries, in accordance to Sec. 4-353 under Ordinance No. 2013-12, Article XIII.

Date

Signature of Applicant

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BACKGROUND AND DELINQUENT PAYMENTS OWED:

Court Fines

YES NO

If yes, please list: _____

Personal Prop/Real Estate Taxes

YES NO

If yes, please list: _____

Parking Tickets/Water Bills/Misc.

YES NO

If yes, please list: _____

Police Background Check

YES NO

If yes, please list: _____

CCAP

YES NO

If yes, please list: _____

- Insurance Certificate on File (\$1 million dollars)
- Licenses/certificates required by Winnebago County, the State of Wisconsin and any other enforcement agencies or departments have been provided
- Copy of Ordinance No. 2013-12
- BID map provided to applicant for mobile food vending vehicles only
- Mobile vendor allowed in BID
 - ___ of 6 mobile food vending vehicles allowed per year
 - ___ of 3 mobile food vending carts allowed per year
- Mobile vendor NOT allowed in BID. (No limit)

Application: **Approved**
 Denied

Reason for denial: _____

Signature of Clerk/Deputy Clerk

Date