

# FOOD PEDDLERS LICENSE APPLICATION

**FEE: \$50.00 per person per vehicle** (Permit valid from date of issuance to December 31<sup>st</sup> of the current year)

Required by the Village of Menomonee Falls:

- Copy of Drivers License
- Copy of Wisconsin Department of Revenue Seller's Permit or satisfactory evidence that the applicant is exempt from holding such permit

**\*IF APPLICATION IS DENIED OR APPLICANT WITHDRAWS, ALL FEES ARE NON-REFUNDABLE**

**\*PROCESS TIME: 15-30 DAYS**

**\*APPLICANT MUST BE 18 YEARS OF AGE OR OLDER TO APPLY**

As provided by **Section 70-81** of the Municipal Code of the Village of Menomonee Falls, application is hereby made for a Food Peddlers License.

## APPLICANT INFORMATION

Last Name		M.I.	First Name		
Address		City	State	Zip	
E-mail Address					
Drivers License Number		D.L. State	Telephone	Date of Birth	
Age	Height	Weight	Color of Hair	Color of Eyes	
List Previous Addresses for Past Five (5) Years (If none, write "none")			Dates Last Lived There		
1) _____			- _____		
2) _____			- _____		

## CORPORATION/BUSINESS REPRESENTED

Legal Business Name		Trade Name		Telephone	
Company Address		City	State	Zip	
Temporary Address from Which Business will be conducted (if applicable):					
Nature of Business & General Description of the Type of Food Products to be Sold:					

Description of Vehicle Used for Business by Applicant:			
Make of Vehicle	Model	License Number	
Past Three (3) Most Recent Municipalities & Addresses Where Applicant Conducted Business:			
1) _____			
2) _____			
3) _____			
Place Where Applicant can be Contacted for at Least Seven (7) Days After Leaving Menomonee Falls:			
Address	City	State	Zip
Have You Been Convicted of ANY Crime or Ordinance Violation within the Last Five (5) Years?			
( ) YES    ( ) NO			
Nature of Offense		Date & Place of Conviction	

*Applicant is responsible for scheduling the vehicle for inspection by the Waukesha County Health Department (Phone No. (262) 896-8300) and supplying the Village of Menomonee Falls with a copy of the vehicle inspection report.*

*Applicant understands that information on this application and collected as part of the licensing investigation becomes a public record and is subject to disclosure to the public upon request.*

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

\_\_\_\_\_  
Date

Village of Menomonee Falls Administrative Use Only:		
Date received & filed with Municipal Clerk	Date sent to the Police Department	License number granted
Date license issued	Date sent to the Health Department	