



Mobile Food Establishment Application

Pursuant to Middleton General Ordinance 7.01

License Type

- Annual \$100.00
- Single Event \$50.00

Date of Single Event

1. Applicant Information

Last Name		First Name		M. Initial	Other names used	
Driver's License Number		Street Address		City, State Zip		
Home Phone		Mobile Phone		Email Address		
Sex	Height	Weight	Hair Color		Eye Color	Birth Date

Are you a resident of Wisconsin? _____

If "no" which state are you a permanent resident of? _____ How long? _____

2. Arrests and Convictions

List all offenses for which you have been charged or convicted. This list is to include all felony, misdemeanor, forfeiture, and ordinance violations, including traffic citations. The omission of offenses will result in denial of your permit. If you have none, initial here _____.

Year	Location	Nature of offense

3. Business Information

Business Name		Phone	
Street Address		City, State Zip	
		Email Address	
Description of goods/food to be sold/prepared			

4. Vehicle Information

Total Number of Vehicles to be operated? _____

Make	Model	Year	License Plate Number

4. Sales Locations

Is this application associated with a special event permit? _____

If "yes" please list the contact person and phone number _____

Will sales be mobile? _____

Will sales be stationary? _____

Locations/routes where business will be conducted	Length of time

5. Previous Licensing

Have you held a permit in Middleton in the past 5 years? _____

If so when? _____

List (3) Cities in which business was conducted preceding this application

Have you had any permit suspended, revoked, or denied in any other municipality? _____

If "yes" please list municipality and dates. _____

Please attach a copy of the following with your application:

- Valid Food and Beverage License Issued by State of WI or Agent Health Dept.
- Driver's License or proof of Identity
- Photograph (approx 2x2) showing head and shoulders of applicant (not more than 1 yr old)

I have read and agree with the ordinances of the City of Middleton pertaining to the licensing and regulating of mobile food establishments in the City of Middleton. I agree to abide by these and all other ordinances in the City and the laws of the State of Wisconsin. I affirm that I have made complete and true answers to each question and understand that incomplete or false answers may result in denial or revocation of permit. I authorize a review of and full disclosure of any and all records, files, and reports, which include any police contact as well as arrests. I understand that if this license is not issued, fees that have been paid will not be refunded.

Signature _____

Date _____

Office Use Only

Application and Fees accepted by _____

Date _____

In regards to the issuance of this license, the Middleton Police Department:

_____ approved

_____ denied

Signature _____

Date _____

Food Cart Permit Number _____

Effective Date _____

Expiration Date _____