

# APPLICATION FOR MOBILE FOOD ESTABLISHMENTS

Pursuant to Town of Beloit Code of Ordinance 5.15 (22)

**FEE \$ 50.00 (Permits are valid for a period of one (1) year from July 1 to June 30 annually)**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

EMPLOYER/BUSINESS INFORMATION		
Employer Name	Address	
City	State	ZIP
Phone	E-mail Address	
Nature of Goods or Services Offered		
Number of Years in Business	Method of Delivery	
WI Seller's Permit #		
Vehicle License#, Make, Model & Year		
Drivers License Number		
Date of Birth	Height/Weight/Hair/Eyes	

List Locations where you plan to use License including Dates and Hours
Location(s):
Start Date/ Hours
Start Date/ Hours
Please list last location where you have done business
Location
Dates

**\*\*ATTACH A COPY OF YOUR ROCK COUNTY HEALTH DEPARTMENT CERTIFICATE\*\***

Have you been convicted of any crime or ordinance violation within the last five years? Yes\_\_\_\_\_ No\_\_\_\_\_

*If you answer yes, explain on the back of this form in detail to the best of your knowledge. Ordinance violations include traffic violations such as speeding.*

Failure to answer this question or omit an answer knowingly shall constitute grounds for denial or revocation of the license.

**The Undersigned, being duly sworn on oath, deposes and says that he/she is the applicant in the foregoing application; that he/she has read and made complete answers to each question, and that his/her answers in each instance are true and correct.**

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

\_\_\_\_\_  
Date

TOWN USE	
Police Department Approval Date	PD Signature

