



MOBILE FOOD VENDOR PERMIT APPLICATION

PART A - TO BE COMPLETED BY APPLICANT

1. License Type: Original Annual for _____ Calendar Year; Renewal for _____ Calendar Year
2. Name of Applicant: _____ Individual; Partnership; Corporation
3. Address of Applicant: _____

STREET ADDRESS
CITY, STATE & ZIP CODE
4. Full Name of Person in Charge of Sales: _____ Date of Birth: _____
5. Home, Business, and Mobile Phone #'s: _____
6. Business Name: _____
7. Business Address: _____
8. Felony, Misdemeanor, or Ordinance Violation Convictions and Pending Cases for Person in Charge: (CONTINUE ON BACK IF NECESSARY):

DATE	CHARGE	COURT	SENTENCE IMPOSED
9. Description of Food/Merchandise to Be Sold: _____
8. Vehicle Description: _____

MAKE/MODEL
LICENSE PLATE NUMBER
VEHICLE IDENTIFICATION NUMBER
9. Insurance Carrier and Policy # _____
10. Wisconsin Seller's Permit # (IF APPLICABLE): _____
11. Brown County Health Department Certificate #: _____
12. Will the mobile food vendor establishment be utilizing a device for weighing, counting or measuring that would require a weight and measure inspection by the City Sealer?
 Yes (Please provide Certificate of Examination and Approval from the Sealer of Weights and Measures) No

PLEASE PRESENT THE FOLLOWING INFORMATION TO THE CITY CLERK'S OFFICE FOR EXAMINATION:

1. Copy of driver's license or another form of identification bearing the photograph of the applicant.
2. State of Wisconsin Seller's Permit, if applicable.
3. State Certificate of Examination and Approval from the Sealer of Weights and Measures, if your business requires use of weighing and measuring device approved by state authorities.
4. Brown County Health Department Certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the application.
5. Hold Harmless Agreement.
6. Proof of EXEMPT status if the mobile food vendor is Exempt under Wis. Stat. CH. 440.42.
7. Certificate of Insurance showing: a.) General liability insurance for a minimum of \$1,000,000 insuring the individual mobile food vendor and/or their company and naming the City of Green Bay as an additional insured. **The Certificate of Insurance must state that the City of Green Bay is an additional insured.** b.) Auto liability insurance for a minimum of \$500,000 per occurrence combined single limit bodily injury and property damage.

READ CAREFULLY BEFORE SIGNING. Under penalty provided by law, applicant has truthfully answered the above questions to the best of the applicant's knowledge. Any inaccurate or untruthful answer may be grounds for prosecution and invalidates the permit. Applicant understands that any activity engaged in is limited to the representations made on this application and by the provisions of Section 6.39, Green Bay Municipal Code.

SIGNATURE OF APPLICANT

DATE

PART B – FOR CITY USE ONLY

Date Received and Filed: _____

Certificate of Insurance Approved by: _____

Police Department Action: Approved; Denied; made by: _____

Clerk Action: Approved; Denied Date Permit Issued: _____

FORM GB-_____ (9/2015)