OFFICE USE ONLY:

DATE:_____

AMOUNT:_____

RECEIPT:_____

FOOD PEDDLER PERMIT APPLICATION

Name of Applicant:_____

Other names used: _____

Date of Birth:_____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Home Address: _____ Phone: _____

D.B.A.: _____
(Doing Business As)

Business Address: _____Phone: _____

Nature of Business (Describe Goods/Services): _____

License Plate Number: _____ Vehicle Make: _____

Lettering on Vehicle: _____

- ☐ Choose Vehicle Type (Circle One): Motorized ($50); Pushed ($50); Pedaled ($50); Pulled ($50);Carried Containers ($25)
- ☐ I understand that a current copy of a Retail Food Establishment License must be submitted to the City Clerk prior to permitting. *Retail Food Establishment License can be obtained by contacting Portage County Health and Human Services at 715-345-5350. Upon obtaining the license please submit at clerks@stevenspoint.com*
- ☐ I attest that I have read, reviewed, and agree to comply with Ordinance 12.18 Food Truck and Carts on City Property and Right of Way.
- ☐ I attest that I have read, reviewed, and agree to comply with Ordinance 12.18 Food Truck and Carts on City Property and Right of Way.

The undersigned has hereby authorized the City Clerk to accept process in my behalf in any incident arising out of the service or sale covered by this license. In signing, the undersigned also consents to a background check to be conducted by Stevens Point Police Department. Any rejected applications will be notified in writing the reasons for rejection and appeal process options.

I solemnly, sincerely and truly declare and affirm that the information given on this application is the truth, the whole truth and nothing but the truth; and this I do under the pains and penalties of perjury. (I am aware that any willful misrepresentation or falsification of information on this application could result in criminal prosecution of me for false swearing.)

STATE OF WISCONSIN)
COUNTY OF PORTAGE)

Subscribed and sworn to before me this
_____ day of _____, 20____.

_____ Notary Public

My Commission Expires _____

_____
Signature of Applicant

Special One Day Permit –List Date of Sale:
_____
OR
Regular Permit (Expires June 30 of Each Yr)-
List Starting Date:
_____

Driver's License or Other Proof of Identity: _____

Police Approval: _____ Date: _____

PLEASE COMPLETE AND RETURN TO:
Stevens Point City Clerk's Office
1515 Strongs Ave
Stevens Point, WI 5448