Village of
Ashwaubenon
2155 Holmgren Way • Ashwaubenon, WI 54304
www.ashwaubenon.com
P: 920.492.2302 F: 920.492.2328

Village of Ashwaubenon
Documents Required For Conducting Business as a Mobile Food Establishment – July 1st through June 30th

APPLICATION WILL NOT BE ACCEPTED OR PROCESSED UNTIL ALL REQUIRED DOCUMENTS LISTED BELOW ARE SUBMITTED IN FULL TO THE CLERK-TREASURER'S OFFICE & FEE IS PAID

1. Completed application form (attached).
2. Application fee as applicable: $500/$300 (Existing Village of Ashwaubenon Food Based Business)
3. Valid form of government-issued identification bearing the applicant's photograph
4. State Certificate of examination from the sealer of weights and measures, if applicable.
5. Brown County Health Department Certification
6. Hold Harmless Agreement signed (signed - attached)
7. Certificate of Insurance of $1,000,000 insuring the individual Mobile Food Establishment vendor and/or their company and naming the Village of Ashwaubenon as an additional insured. **Certificate of Insurance must state that the Village of Ashwaubenon is added by endorsement as an Additional Insured.**
8. Proof of Permission from each property owner allowing the Mobile Food Establishment to operate/conduct business from the property owner's location. Proof of Permission from each property owner allowing the Mobile Food Establishment to operate/conduct business from the property owner's location or from a food serving establishment who shall waive the 300 feet rule from its business's public entrance.
9. Proof of EXEMPT status if Charitable/Exempt Mobile Food Establishment under Wis. Stats. Ch. 440.42
10. State of Wisconsin Sellers Permit

ALL REQUIRED DOCUMENTS MUST BE SUBMITTED TO THE OFFICE OF THE CLERK-TREASURER AT LEAST SIX (6) BUSINESS DAYS PRIOR TO THE PERMIT BEING ISSUED — THERE ARE NO EXCEPTIONS.

--PLEASE COMPLETE FOLLOWING APPLICATION--

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Please save this form to your device before completing and printing

Village of Ashwaubenon
Mobile Food Establishment Application

Fee

☐ $500 – **Not** a Village of Ashwaubenon Food Based Business ☐ $300 – **Existing** Village of Ashwaubenon Food Based Business

Applicant Information

Name _____ Date of Birth _____
(Last, First, Middle)

Permanent
Home Address _____ Phone Number _____
(Street, City, Zip Code)

Height _____ Weight _____ Eye Color _____ Hair Color _____

WI Driver License Number _____ WI Seller's Permit No _____

Location/phone # that you can be contacted at up to seven days after leaving/conducting business in the Village of Ashwaubenon
Address _____ Phone Number _____
(Street, City, Zip Code)

Motor vehicle to be used to conduct business in the Village of Ashwaubenon
Vehicle License # _____ Make _____ Model _____ Year _____

Name of previous communities in which you last conducted a Mobile Food Establishment (If none state 'N/A')

_____

Have you been convicted of any crime or ordinance violation related to Mobile Food Establishment or transient merchant business in the last five years? ☐YES ☐NO If answer is yes; please state date, place and offense below.

_____

_____

Business Information

Person, firm, association, corporation or charitable organization that you, or your employer, represent or who's food or merchandise is being sold

Name(s) _____

Address _____ Phone Number _____
(Street, City, Zip Code)

Provide a detailed description of food and food related merchandise offered

_____

_____

_____

_____

Please present the following to the Office of the Clerk-Treasurer along with application:

1. Application fee as applicable: $500/$300 (Existing Village of Ashwaubenon Food Based Business)
2. Valid form of government-issued identification bearing the applicant's photo
3. State Certificate of Examination from the Sealer of Weights and Measures, if applicable
4. Brown County Health Department Certificate as your business involves the handling of food and is required to be certified under state law; such certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the date of the application.
5. Hold Harmless Agreement (signed – attached)
6. Certificate of Insurance of $1,000,000 insuring the individual Mobile Food Establishment vendor and/or their company and naming the Village of Ashwaubenon as an additional insured. **The Certificate of Insurance must state that the Village of Ashwaubenon as an Additional Insured.**
7. Proof of Permission from each property owner allowing the Mobile Food Establishment to operate/conduct business from the property owner's location or from a food serving establishment who shall waive the 300 feet rule from its business's public entrance.
8. Proof of EXEMPT status if Charitable/Exempt Mobile Food Establishment under Wis. Stats Ch. 440.42 (if applicable)
9. State of Wisconsin Sellers Permit

Agreement

I, _____, state that I have read the foregoing answers, and the same are true to the best of my knowledge. I hereby designate the Ashwaubenon Village Clerk-Treasurer as my agent for the purposes of accepting service of process in any civil action arising out of/or in conjunction with the use of this license, in the event I cannot, after reasonable effort, be served personally.

Applicant Signature _____ **Date** _____

ASHWAUBENON MUNICIPAL CODE SECTION 6-59(B) requires payment of all amounts owed to the village before a license can be issued. Every applicant must disclose on his or her application with the Village of Ashwaubenon all amounts owed to the village. Any applicant failing to disclose said indebtedness can be denied.

I hereby certify that I do not have any outstanding debts owed to the Village of Ashwaubenon.

Applicant Signature _____ **Date** _____

Village Approval

☐ **Approved**

☐ **Denied**

If Denied, Reason _____

Chief of Public Safety or Designee Signature _____

No outstanding debt to the Village of Ashwaubenon ☐ **YES** ☐ **NO**

Village Clerk-Treasurer or Designee Signature _____