

**LICENSE APPLICATION for
MOBILE FOOD VENDOR**

11.100
CITY OF MANITOWOC
900 QUAY ST



License # _____
License fee: <u> \$15.00 </u>
Code: MFV
FEES ARE NON-REFUNDABLE

I, the undersigned, in support of my application, make the following statement of facts:

APPLICANT INFORMATION

Name of Business	Address
------------------	---------

Name of Owner	Telephone Number
---------------	------------------

Make	Year-Model	WI Lic. No.	VIN Number

MOBILE RESTURANT LICENSE & CERTIFICATE OF INSURANCE ATTACHED

I understand that no license shall be issued unless and until applicant has submitted a photocopy of the applicant's valid Service Base License and Food Establishment License issued by the State of Wisconsin or an agent of the Health Department and filed a Certificate of Insurance with the City Clerk in a form satisfactory to the City Attorney demonstrating that the owner is carrying liability insurance with limits of at least \$300,000 per occurrence combined single limit bodily injury and property damage issued by a company authorized to do business in the State of Wisconsin.

I further understand that the City Clerk shall be notified immediately should the insurance policy lapse for any reason. Any such cancellation of the insurance required hereunder shall be grounds for immediate revocation of the mobile food vendor license.

City Attorney Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
--	-------

I hereby apply to license the mobile food vendor vehicles listed on this application in the City of Manitowoc, Wisconsin, under all the conditions of Section 11.100 of the Municipal Code.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. Failure to answer any of the above questions truthfully will be considered grounds for denial of this license application.

Signature of Owner:	Date:
---------------------	-------