



MOBILE VENDOR PERMIT APPLICATION

[City of Darlington – Ordinance 05-2024]

- ANNUAL PERMIT (July 1 – June 30) - \$30.00
 DAILY PERMIT (up to 3 consecutive days) - \$15.00 first day + \$5.00/day subsequent days

Event Dates: _____

Name: _____

Address: _____

Date of Birth: _____ Driver's License #: _____

Contact Phone #: _____

Email Address: _____

Wisconsin Seller's Permit #: _____

Trade/Business Name: _____

[fill out the following, if information is different than what is listed above]

Business Address: _____

Business Phone #: _____

Make and Year of Vehicle Used to Conduct Business: _____

Business Vehicle License Plate # _____

Nature of Business and a Description of the Consumable / Food Being Offered: _____

| FOR CITY USE ONLY | | | |
|-------------------|-----------|---------------|--------------------|
| DATE RECEIVED | RECEIPT # | PERMIT NUMBER | DATE PERMIT ISSUED |
| | | | |

Has the applicant, Employer, or Business been convicted of any crime or ordinance violation related to your transient merchant business within the last five (5) years?

If YES, nature of offense: _____

Place of conviction: _____

Have you ever had any type of permit or license suspended, revoked or denied in this municipality or any other municipality?

If YES, please specify the municipality and dates: _____

Please list the three (3) most recent cities / villages / towns where business was most recently conducted:

Please include a copy of the following with your application:

- Applicant's Wisconsin Driver's License or State ID Card
- Current Wisconsin Sellers Permit from the Wisconsin Department of Revenue
- Current Mobile Food Establishment Permit issued by Wisconsin Department of Agriculture, Trade and Consumer Protection (Wis DATCP)
- Current Food Service Manager Permit issued by Wisconsin Department of Agriculture, Trade and Consumer Protection (Wis DATCP)
- Certificate of Insurance (including Insurance Carrier and Policy #), evidencing the existence of commercial general liability insurance (including contractual liability insurance) naming the City, its employees and agents as additional insureds, with minimum limits of \$300,000.00 in the aggregate.
- Other license(s) or permit(s) required by the State of Wisconsin, if applicable

CERTIFICATION: By signing below I declare, under penalty of perjury, that the statements in this application, and all attachments to and documents submitted with this application, are true, correct and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be omitted, inaccurate, false, or misleading may result in this application being denied, non-renewed or revoked. I also acknowledge it is my responsibility to become familiar, and comply, with applicable Federal and State laws regulating the handling of food and operating as a mobile retail and transient food establishment, as well as City of Darlington Ordinance 05-2024 Mobile Vendors.

Applicant agrees to indemnify, defend, and hold the City, its employees and agents, harmless against all claims, liability, loss, damage, or expense incurred by the City as a result of any injury to or death of any person or damage to property caused by or resulting from the activities for which the permit is granted.

The applicant also hereby appoints the City Clerk as his/her agent to accept service of process in any civil action brought against the applicant arising out of any sale or service performed by the applicant in connection with the direct sales activities of the applicant, in the event the applicant cannot, after reasonable effort, be served personally.

Applicant Signature: _____

Date: _____