



City of La Crosse, Wisconsin

APPLICATION FOR OUTDOOR FOOD STAND/MOBILE FOOD UNIT

(Ch. 10, Article X)

Check One:

90-Day Temporary Permit dates: _____

Annual For period January 1, _____ to December 31, _____

Check this box if this is a renewal or you have previously held this license.

Fee: \$ _____ *additional \$50.00 inspection fee, if applicable Invoice No. _____

Applications must be received in the City Clerk's Office at least fifteen (15) days in advance of license being issued. The non-refundable license fee and required documentation must accompany this application at the time of filing. A separate license is required for each stand/unit.

Type: Outdoor Food Stand Mobile Food Unit

BUSINESS INFORMATION – Person, Firm, Association or Corporation/LLC that Applicant Represents, is Employed By, or Whose Food is Being Sold.

Legal/Real Name of Business: _____ **Trade Name:** _____

Address of Above: Street _____ City _____ State _____ Zip Code _____

Telephone Number: _____ **Website:** _____

APPLICANT INFORMATION – Person in Charge

Name: First _____ Full Middle _____ Last _____

Address: Street _____ City _____ State _____ Zip Code _____

Telephone Number: _____ **Email:** _____

The attached Personal Data Sheet must be completed for each officer/member/person in charge.

DESCRIPTION OF OUTDOOR FOOD STAND/MOBILE FOOD UNIT

Does the unit use any cooking or heating appliance or propane? Yes No
If yes, include the applicable \$50 fire inspection fee.

Description of Stand/Unit – include size and/or dimensions, construction materials, etc.:

Description of Vehicle used by Applicant in the Conduct of Business:

(License #) _____ (Year) _____ (Make) _____ (Model) _____ (Year) _____

Description of Food Being Offered (attach menu if preferred):

DATES, TIMES, LOCATION(S) WHERE BUSINESS WILL BE CONDUCTED

Note: If on private property, written authorization from property owner is required.

DATES	TIMES	LOCATIONS

MUNICIPALITIES WHERE APPLICANT HAS CONDUCTED SIMILAR BUSINESS

Date _____ Where _____
Date _____ Where _____
Date _____ Where _____
Date _____ Where _____
Date _____ Where _____

The above hereby makes application for an Outdoor Food Stand/Mobile Food Unit License within the City of La Crosse pursuant to Chapter 10, Article X of the Code of Ordinances of the City of La Crosse.

Under penalty provided by law, applicant certifies the above information is true, correct and complete, and that falsification may result in denial of such license. Further, applicant understands that refunds are not allowed for any portion of the application fee paid even if denied for past and/or pending offenses and/or for any outstanding debts owed to the City. Applicant agrees that there shall be full compliance with all local, state and federal laws in the conduct of the activities for which permit may be granted.

Signature of Applicant

Date

The issuance of an outdoor food cart/mobile food unit is conditional at all times. A license may be revoked or suspended by the Police Department and/or Fire Department when necessary to protect the public health, safety or welfare; to prevent a nuisance from developing or continuing; in emergency situations or due to noncompliance of this section, the Municipal Code of Ordinances or applicable state or federal laws.

PHOTOCOPIES OF THE FOLLOING MUST ACCOMPANY THE APPLICATION AT THE TIME OF FILING:

- WI Seller's Permit Number _____
(Must be in the same legal/real name as applicant or business and a photocopy must be provided to the City Clerk's Office.)
- Food-related permit issued by the La Crosse County or State of Wisconsin.
- Vehicle Certificate of Registration/Licensing, if applicable.
- Certificate of Insurance along with a photocopy of the endorsement naming City of La Crosse as additional insured (a statement alone on the Certificate is not sufficient).
- Written authorization of the property owner(s) where stand/unit will be located, if applicable.
- Written authorization if selling within 100 feet of a licensed restaurant, during its kitchen hours.
See 10-397(b)(10) La Crosse Municipal Code.

OFFICE USE ONLY

Date Received in the City Clerk's Office:

Issue Date:

License #:

Legal/Real Name:	Trade Name:
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Personal Data Sheet for Officers/Members/Directors/Agents/Managers

Name: First		Middle	Last	Alias/Former Name
Home Address: Street		City		State Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle	Last	Alias/Former Name
Home Address: Street		City		State Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle	Last	Alias/Former Name
Home Address: Street		City		State Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle	Last	Alias/Former Name
Home Address: Street		City		State Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle	Last	Alias/Former Name
Home Address: Street		City		State Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle	Last	Alias/Former Name
Home Address: Street		City		State Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	