



CITY OF WEST ALLIS
APPLICATION FOR FOOD PEDDLER PERMIT

July 1, 20 to June 30, 20

Clerk's Office
Police Dept.
Health
BINS
Fire
*copy of appl. with
each inspection
sheet

Application is hereby made to the Common Council of the City of West Allis for a FOOD PEDDLER PERMIT under the terms and provisions of Section 7.041 of the Revised Municipal Code of the City of West Allis. A non-refundable permit fee of \$100.00 and \$7.00 record check fee shall accompany the application. City's website: www.westalliswi.gov.

Form with fields: RENEWAL, NEW, BC/Application No., License No., From Police, Council: not applicable, Denied, Issued, Record Check Fee. Includes note: Copy of Ordinance O-2012-0021 to be mailed with License

- Attach proof of a state certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighing devices approved by state authorities.
Attach proof of a food-related permitted issued by the West Allis Health Department.

I. GENERAL INFORMATION

Name:
Street Address:
City: State: Zip Code:
Telephone Number: Date of Birth:
E-Mail Address:
Driver's License/State ID #: [grid]

INFORMATION REGARDING PERSON, FIRM, ASSOCIATION, OR CORPORATION/LLC THAT THE FOOD PEDDLER REPRESENTS OR IS EMPLOYED BY, OR WHOSE FOOD IS BEING SOLD

Name:
Street Address:
City: State: Zip Code:
Telephone Number:
Driver's License/State ID #: [grid]

II. DESCRIPTION OF FOOD OFFERED ATTACH COPY OF MENU

[Blank lines for description and menu attachment]

III. LOCATION OF BUSINESS (INCLUDING PROPOSED ROUTE) *See Section 7.041 (13) for restrictions*

IV. DATES AND TIMES *(cease sale of food between 9 p.m. and 6 a.m.)*

V. BUSINESS VEHICLE INFORMATION

MAKE _____ MODEL _____ LICENSE NO. _____

VI. LAST MUNICIPALITIES WHERE SIMILAR BUSINESS WAS CONDUCTED (NOT TO EXCEED THREE)

VII. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME OR ORDINANCE VIOLATION?

YES* NO

*For each, please list nature of the offense, date, and place of conviction:

Applicant agrees to notify the City Clerk within 10 days of the event whenever anything occurs to change any fact set out in the application or information of any permit.

By signing below, the applicant certifies under penalty of perjury, the above questions have been answered correctly. The 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

STATE OF WISCONSIN COUNTY OF MILWAUKEE
Subscribed and sworn to before me this _____ day of _____, 20____
_____ Notary Public
My commission expires _____