

City of De Pere	
<input type="checkbox"/>	Mobile Food Establishment Application (existing City of De Pere business that sells food-based products) Permit fee: \$300/year (July 1 – June 30)
<input type="checkbox"/>	Mobile Food Establishment Application Permit fee: \$500/year (July 1 – June 30)
PLUS Non-refundable Processing Fee: \$20.00	
Total Fee: \$	

Part A – APPLICATION INSTRUCTIONS	
<p>Answer all questions completely, and attach an additional sheet of paper if you cannot answer a question within the space provided. File this completed application, along with the following items, at the office of the City Clerk, 335 S. Broadway, De Pere WI 54115.</p> <ul style="list-style-type: none"> • Required fee • Insurance documents *see pg 2 for requirements • Copy of Health Department license • Copy of current vehicle registration 	

Part B – TO BE COMPLETED BY APPLICANT	
1.	Business Name:
2.	Permanent Address:
3.	Person In Charge of Sale: <div style="display: flex; justify-content: space-between;"> First Middle Last </div>
4.	Phone Number:
5.	Driver's License or ID Number: State of Issuance:
6.	Date of Birth:
7.	Vehicle(s) to be Used: <div style="display: flex; justify-content: space-between;"> Make/Model Plate #: VIN: </div>
8.	WI Seller's Permit #:
9.	Have you been convicted of any felony, misdemeanor, or ordinance violation (other than minor traffic violations) in the last five years? If YES, include date(s) and disposition(s):
10.	Description of food/merchandise to be sold:

11.	Selling times and locations:
12.	List all employees or persons engaged in this activity (Full name, address, and date of birth):

Part C – TO BE COMPLETED AT THE CITY CLERK’S OFFICE	
<p>READ CAREFULLY BEFORE SIGNING. The undersigned, being duly sworn, states that each of the above questions has been truthfully answered to the best of my knowledge. I understand that any activity engaged in is limited to the time, date, location and inventory representations made on this application and by the provisions of Chapter 106 De Pere Municipal Code. I hereby designate the City Clerk for the City of De Pere as my agent for the purposes of accepting service in any civil action arising out of or in conjunction with the use of this license.</p>	
Applicant Signature:	_____ Date: _____
Clerk/Notary Public:	_____
Subscribed and sworn to before me this _____ day of _____, _____.	
My Commission expires: _____	

Part D – FOR CITY USE ONLY	
<p>Police Department recommendation is based upon information received from police organizations willing to submit criminal history background information for license checks.</p>	
<input type="checkbox"/>	No information received upon which to recommend denial of license
<input type="checkbox"/>	Denial (reasons):
Police Chief Signature:	_____
Clerk Signature:	_____
Sanitarian Signature:	_____
Date:	_____

- Insurance requirements:**
- \$1 million general liability per occurrence
 - \$1 million products liability
 - City of De Pere to be named as an additional insured and provided a copy of the additional insured endorsement
 - Written notice by insurance company of policy cancellation, non-renewal, or material change by first class mail