VILLAGE OF SPRING VALLEY

Mobile Food Vendor (Food Truck) Permit Application

PO Box 276, E121 S. Second St., Spring Valley, WI 54767 715-778-5635 clerk@vi.springvalley.wi.gov SPRING VALLEY IS AN EQUAL OPPORTUNITY EMPLOYER

A mobile food vendor permit is required in the Village of Spring Valley for any restaurant or retail food establishment where food is served or sold from a movable vehicle, trailer, pushcart or similar portable device. The requirement does not apply to home delivery of food or beverage items. To apply for a permit, submit this application, permit fee, and other listed items from below by mail or in-person at the Village Hall during normal business hours (Monday-Friday, 8am to 4:30 pm). Contact the Village Clerk's office for questions at 715-778-5635 (ext. 4) or email: clerk@vi.springvalley.wi.gov

DATE OF APPLICATION:

APPLICANT INFORMATION:

Name:			
Address:			
Work/Cell/Hom	e Phone:		
Email:			
BUSINESS INFORM	ATION:		
Business Nam	e:		
Business Addr			
WI Seller's Pe			
Contact Name	:		
Work/Cell/Horr	e Phone:		
Email:			
Insurance Car	rier & Policy No.:		
VEHICLE/TRAILER	ESCRIPTION:		
Year:		Make:	
Model:		Color:	
License Plate	& Registration No.:		

FOOD VENDOR INFORMATION:

Nature of business and brief description of type of food products sold:

Location where food truck will be: _____

LIST 3 LOCATONS & DATES WHERE YOU HAVE PREVIOUSLY DONE BUSINESS:

*Name:	_ Address:
Phone:	Date:
*Name:	_ Address:
Phone:	Date:
*Name:	_ Address:
Phone:	Date:

PERMITS: Valid for 1 day for a maximum of 5 hours. Up to 5 daily permits may be issued on 1 application
Permit days and times @ \$25 per day (non-profits are no-charge)
APPLICATION REQUIREMENTS/ATTACHMENTS: (Must submit with application)
 Copy of County Department of Health Permit
 Copy of WI Seller's Permit
 Copy of Driver's License
Have you been convicted of any felony within the past two years, or State law or municipal ordinance relating to the sale or vending of food within the last five years?YESNO If yes, please list the nature of the offense:
I attest that the information in this application is true and correct to the best of my knowledge. I have reviewed the municipal ordinance (see attached Spring Valley Ordinance) that applies to mobile food vendors and I agree to comply with it. I understand that violation of any regulations pertaining to mobile food establishments may be grounds for revoking a permit and/or forfeiture. I understand that issuance a permit creates no legal liability, express or implied, on the Village of Spring Valley. I understand that all fees are non-refundable.
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 CLERK SIGNATURE:
 ______ DATE:

 PERMIT FEE RECEIVED:
