

CITY OF WAUWATOSA  
7725 WEST NORTH AVENUE  
WAUWATOSA, WI 53213  
Telephone: (414) 479-8917  
Fax: (414) 479-8989

MOBILE FOOD ESTABLISHMENT LICENSE APPLICATION  
For the period July 1, 20 \_\_\_\_ to June 30, 20 \_\_\_\_

I hereby apply for a Mobile Food Establishment License according to the provisions of Wauwatosa Municipal Code 8.32.160.

Name of applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Prior address (last two years) \_\_\_\_\_

Trade/Business Name \_\_\_\_\_

Business address \_\_\_\_\_

Requested vending location \_\_\_\_\_

Make, model, serial number, and license plate of vending vehicle \_\_\_\_\_

\_\_\_\_\_ Duration of sale \_\_\_\_\_

Hours of operation \_\_\_\_\_ # of employees \_\_\_\_\_

Location of licensed service base \_\_\_\_\_

State or Local food license number \_\_\_\_\_

Premises where merchandise is stored \_\_\_\_\_

I hereby certify that all of the answers to the above questions are true and correct.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

The license shall be conspicuously displayed in view of the public in or on the mobile food establishment. License may not be transferred from one mobile food establishment to another mobile food establishment. A mobile food establishment shall be available for health department inspection at any time while it is in operation in the city, and shall be made available for inspection at a pre-arranged period of not less than one hour between 8 a.m. and 5 p.m.

cc: Health Department, Police Department

01-311-4320-000 \$60/year / 2<sup>nd</sup> Vehicle \$30/year

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