



## Community Development Department

444 West Grand Avenue  
Wisconsin Rapids, WI 54495-2780  
Ph: (715) 421-8228 • Fax: (715) 421-8291

### Mobile Vendor Permit Application

#### For Office Use Only

Date Received:	Date Paid:	Date Entered:	Permit #:
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#### VENDOR INFORMATION

Vendor Name:		
Owner Name:	Owner Address, City, State, and Zip:	
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

#### VENDING DESCRIPTION AND ROUTE/LOCATION INFORMATION

Please describe the project:

#### FEES

Description	Price Per Vehicle	Total
Annual Mobile Vendor Fee	\$100.00	
<b>Permit Fee Total:</b>		

Please make sure the following materials are included with your application:

- Vending Route/Location Information
- Proof of General Liability Insurance

I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. I understand that I shall contact the inspector(s) at the appropriate times throughout the project for the required inspection(s). If I shall fail to contact the inspector(s) for the required inspection(s), or if reinspections are required, I agree to pay the appropriate penalty fees and/or reinspection fees.

**Applicant (Sign):** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_