

**Village of Shorewood Hills
810 Shorewood Boulevard
Madison, WI 53705-2115
(608) 267-2680**

Food Cart Permit Application (Fee = \$20.00 per year)

1. Name of Business: _____
 Service Base Address: _____ Telephone: _____
 City: _____ State: _____ Zip: _____
 Owner/Primary Contact: _____
Last First M.I.
 Driver's License Number: _____ State Issuing D.L.: _____
(if owner will not be driving truck, provide DL of driver)

3. Brief description of food to be sold:

5. List three cities/towns/villages where you have conducted similar business:

1. _____	2. _____	3. _____
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5. Make, Model, VIN, and license plate number of the mobile food truck. (Registration must be current.)

6. Applicant will present the following items to the Village Clerk for examination:
 _____ Driver's License / Photo ID (if driver is not the owner)
 _____ Dane County Mobile Food Establishment License (must be current)
 _____ Proof of Liability Insurance

 Applicant's Signature/Date

FOR OFFICIAL USE ONLY		
Fee Collected \$ _____	Received by _____	Date _____
Action: _____ Approved _____ Denied		
Permit is valid only on _____ as part of the Shorewood Hills Food Cart Program.		
_____ Village Clerk Signature		