CITY OF FORT ATKINSON

Mobile Merchant Application

Application Fee is Non-Refundable

Circle One: Daily $5.00 (per day) | Six Month $25.00 | Twelve Month $50.00 | REQUIRED Application Fee $25.00

1. Full Legal Name _____ Date of Birth: ____ / _____ / _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____ Former Name: _____

Driver's License Number: _____ Height: _____ Weight: _____

Email: _____

Prior Street Address (if above address is less than 5 years)	City, State	From	To

2. Have you ever been convicted of a crime, misdeameanor or violation other than traffic citations? YES NO

If yes, please identify where and when they occurred.

Type of Arrest, Summons or Violation or Charge	Month/Year	City	State

3. Proposed location where business will be conducted.

4. Hours of Operation:

5. Nature of proposed business / products for sale.

6. Cities, Villages or Towns where you last conducted business?

7. Vehicle Information (Make, Model, Color, License Plate)

8. The following items must be presented at time of application.

a. Completed Mobile Merchant Application.

b. Valid State Issued Driver's License or Photo Identification.

c. Proof of approval of health and sanitation by County, State or Federal agencies as required.

d. Proof of liability and contractual liability policy in the amount of one million dollars $1,000,000.

e. Applicant shall comply with WI Safety & Prof Services Chapter 314, Fire Prevention and National Fire Protection Associations, Chapter 1, Fire Code.

Certification: I hereby certify that the information on this application is complete, accurate and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my license. Further, I understand that this license is only valid within the city limits of Fort Atkinson.
Licensees are required to exhibit their license during hours of operation.

Date: _____ Signature of Applicant: _____

Police Department Recommendations and Comments:	*Police: Initial Line Adjacent to Recommendation*
	Approve: _____ Deny: _____
	Notes: