

**CITY OF RICHLAND CENTER
APPLICATION FOR
MOBILE FOOD ESTABLISHMENTS / MOBILE DESERTS ESTABLISHMENTS**

Name _____
Address _____
Phone (____) _____

Local Property Owners References:
1. _____

Date of Birth ____/____/____
Height _____
Weight _____

2. _____

Mobile Food Establishment: Yes No
Goods to be sold: _____

Mobile Deserts Establishments: Yes No
Other References: _____

Vehicle Identification:
License # _____
Make _____
Model _____
Year _____
Color _____

State License # (Copy must be attached): _____
Sales Tax # _____
Non-Profit: Yes No
Tax Exemption # _____
Self Employed: Yes No

Driver's License # or Photo ID# (Copy must be attached) _____
A certificate of Insurance must be provided. Attached: Yes No

Have you ever been convicted of any crime, felony or misdemeanor, or violation of any municipal ordinances: Yes No If "yes" explain: _____

I certify that all the above information given by me is true and correct and understand that any false or incomplete information could result in denial of a license.

Applicant's Signature: _____ Date: _____

Witness – City Clerk / Treasurer: _____ Date: _____

Police Chief: _____ Date: _____

Approved: _____ Denied: _____

Fee: \$50.00 per calendar year
Date Paid: _____