



# Village of Balsam Lake

P.O. Box 506 404 Main Street Balsam Lake, WI 54810  
 715-485-3424 Fax 715-485-9339 email: [clerk@villageofbalsamlake.gov](mailto:clerk@villageofbalsamlake.gov)

## MOBILE FOOD UNITS/OUTDOOR FOOD STANDS PERMIT APPLICATION

APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL:	OTHER NAMES USED / MAIDEN NAME:
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET:						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____ If "no" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____	
CITY:							
STATE / ZIP:							
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

### LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

**If you have none, Initial Here**

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

### LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

**If you have not lived anywhere else besides your current address, Initial Here**

DATE	ADDRESS	CITY/STATE

**Please include a copy of your driver's license or state issued identification card with the application and required fees.**

# MOBILE FOOD UNIT/OUTDOOR FOOD STANDS PERMIT APPLICATION

<b>YEAR FOR WHICH THIS PERMIT IS APPLIED FOR</b>	
<b>DESCRIPTION OF GOODS TO BE SOLD</b>	
<b>DESCRIPTION OF FOOD TO BE PREPARED</b>	
<b>NAME OF FIRM YOU ARE WORKING FOR:</b>	<b>NAME OF SUPERVISOR PRIMARY CONTACT INFORMATION</b>
NAME:  ADDRESS:  CITY / STATE / ZIP:  PHONE NUMBER:  EMAIL ADDRESS:	NAME:  ADDRESS:  CITY / STATE / ZIP:  PHONE NUMBER:  EMAIL ADDRESS:
<b>STATIONARY ADDRESS WHERE BUSINESS WILL BE CONDUCTED:</b>	<b>VEHICLE MAKE, MODEL, YEAR LICENSE PLATE # AND LICENSE PLATE ISSUING STATE BEING US FOR SALES?</b>
	MAKE:  MODEL: YEAR:  LICENSE PLATE #:  LICENSE PLATE ISSUING STATE:
<b>HAVE YOU HELD A SOLICITORS PERMIT IN BALSAM LAKE IN THE PAST FIVE (5) YEARS?</b>	<b>HAVE YOU EVER HAD ANY TYPE OF PERMIT OR LICENSE SUSPENDED, REVOKED OR DENIED IN THIS OR ANY OTHER MUNICIPALITY?</b>
<input type="checkbox"/> Yes    If so, WHEN?  <input type="checkbox"/> No	<input type="checkbox"/> Yes    If so, please specify municipality and dates.  <input type="checkbox"/> No

LAST MUNICIPALITIES IN WHICH BUSINESS WAS CONDUCTED INCLUDE THE NAME AND ADDRESS OF CONTACT PERSONS.		ADDRESS & PHONE # WHERE APPLICANT CAN BE REACHED FOR AT LEAST 7 DAYS AFTER LEAVING THE MUNICIPALITY.
1.		
2.		
3.		
ARE YOU OVER THE AGE OF 18?	IF YOU ARE NOT OVER THE AGE OF 18, WHO WILL BE YOUR SPONSOR FOR THIS ACTIVITY? (PLEASE LIST BELOW)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name (First, MI, Last):</b> Has this individual applied for and received a Solicitor's Permit this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Is this application for a Mobile Food Unit?**  Yes  No

**Is this application for an Outdoor Food Stand?**  Yes  No

If you answered "yes" please complete the following questions.

As the applicant for a Mobile Food/ Unit/Outdoor Food Stand, did you:

- Provide a copy of your Driver License, State ID or Government issued picture ID such as passport or Federal Document required for identification to conduct a background investigation?  Yes  No
- Read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded.  Yes  No
- Provide a copy of any other license or permit required by the State of Wisconsin, Polk County, or the Village Balsam Lake for the applicant's business activity?
- A state certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by state authorities;  Yes  No
- A state health officer's certificate where applicant's business involves the handling of food, clothing, humans or animals and is required to be certified under state law; such certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than ninety (90) days prior to the date the application for a permit is made.  Yes  No

- Provide a site plan for the location where the unit will be located if this is for an outdoor location? The plan shall include a drawing showing the street address, location of unit, signage to be used, traffic and pedestrian flow. The site plan will also state the size of the vending unit and equipment specifications.  Yes  No
- Provide written authorization from a landowner to the outdoor vendor to use the landowner's premises for outdoor vending activities? The authorization document shall give the address of the property and the beginning and ending dates for such authorization.  Yes  No

**AUTHORIZATION FOR USE FROM BUILDING/PROPERTY OWNER**

Name of Business making application: \_\_\_\_\_

Address: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

As owner of the property located at: \_\_\_\_\_ I have knowledge and give permission for this business to make application and use the above state property for a business use for a Mobile Food Cart

Property Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO: Village of Balsam Lake,**

Applicant agrees to provide a copy of their Driver License, State ID or Government issued picture ID such as passport or Federal Document required for identification to conduct a background investigation. The undersigned affirms that he/she made COMPLETE AND TRUE answers to each question and understands that his/her past record will become part of this application. The undersigned is also aware that incomplete or false answers may result in denial or revocation of permit and authorizes a review of and full disclosure of any and all records, files and reports, which include any police contact as well as arrests.

As the applicant, I hereby agree to comply with all laws, Resolutions, Ordinances and Regulations, Federal, State, or Local affecting the direct seller, peddlers, or solicitors if a license is granted to me. Applicant acknowledges that any sales or solicitations must comply with posted notices of "NO SOLICITORS" or like notices in writing, or given verbally by the property owner or person in lawful control of the property.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Call or  Email me I will pick up my license when it is ready

**FEES:** \$250 for a 6-month permit.

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**OFFICE USE ONLY** - Application and fees accepted by \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

In regards to the issuance of this license, the **BLCPD Police Department**:

\_\_\_\_\_ has no objection.

\_\_\_\_\_ does have an objection which is detailed, with a recommendation, in the attached report.

\_\_\_\_\_ recommends further review and consideration for action by the Village attorney with a report to follow due to the following: \_\_\_\_\_

\_\_\_\_\_  
Signature of Police Chief or his/her designee

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Village Clerk or his/her designee

\_\_\_\_\_  
DATE

Date Application was Reviewed by the Village Board: \_\_\_\_\_ Date Permit was Granted: \_\_\_\_\_

**Permit Number** \_\_\_\_\_ **Permit Effective** \_\_\_\_\_ **Permit Expires** \_\_\_\_\_