Village of Neosho PO Box 178 Neosho WI 53059 920-625-3086 neoshovillage@frontier.com

Licensing Fee: \$25
Permit Valid from Date of
Issuance to December 31st of
the Current Year

## **FOOD VENDORS LICENSE**

**NOTE:** A false or incomplete answer or statement in this application may result in denial or revocation of license.

First Name  M.I. Last Name  Address  City  State  Zip  E-mail  Phone  Date of Birth  Temporary Address  Birthplace  Social Security Number  Age Sex Race Height Weight Hair Eyes Glasses  Driver License Number  Type of Vehicle  Make/Model  License Plate Number  Firm, Association or Corporation Represented  Name  Address  Phone Number  Temporary Address  Phone Number  Have you been convicted of violating any crimes (felony or misdemeanor) in any State, or have you been convicted of violating any laws of the United States related to applicant's transient merchant business? Yes  NO  If you answered YES to the above question, complete the following questions, (If more space is needed, use back of the form) Date of Conviction(s)										
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Name of Court Disposition	Date of	Conviction(s	5)							
	Name o	f Court				Disposition				
							•			

Nature of Offense									
Nature of Business and Description	of Merchandise or Service Offered	i l							
Method of Delivery									
Most recent Cities, Villages, or Towns (3) where applicant conducted business									
Place where applicant can be conta	Place where applicant can be contacted for at least 7 days after leaving the Village								
I hereby certify that the answers on this application are complete, true and correct to the best of my knowledge and belief. I agree in the consideration of the granting of this license to comply with the laws of the State of Wisconsin and with all the provisions of the Municipal Code of Ordinances of the Village									
Signature of Applicant		Date							
***********	***********	*************							
1) Attach copy of approval of Wisconsin Department of Agriculture, Trade & Consumer Protection.  2) Attach proof of all other required licenses and/or permits obtained from for their food vending operation.  (Ice Cream Vendors handled by Wisconsin Department of Agriculture – all other types of Vendors handled by County Health Department: June, 2014)									
	WAIVER AND CONSENT								
I, by the signing of this application, consent to the full investigation of my background by law enforcement officials and also consent to the use and disclosure by the Village elected officials, its employees and its agents of any and all information obtained in said investigation relative to my fitness to be a licensed operator in the Village  I hereby waive all rights to privacy or privilege that I may have in the use of the material and information obtained from said investigation. Further, I do hereby release and hold harmless and agree to release and hold harmless the Village  its elected officials; its employees and its agents from any and all manner of action or causes of action, judgments, executions, debts, claims and demands which I may have or my heirs or assigns may have.									
Signature of Applicant		Date							
Date Filed with the Clerk's Department	Police Chief Date Notified: Approved or Denied (Circle One) Date:								
License Number	Date Effective	Clerk							