



**APPLICATION FOR MOBILE
CONCESSION VENDORS**

License Valid Dates: _____

Failure to submit a complete and accurate application will result in denial of permit.

SECTION 1 – BUSINESS INFORMATION

Business Name		Owner Name	
Street Address	City	State & ZIP	
Type of Merchandise or Service			Business Phone Number
Has the business applied for a permit in the City of Ashland before?		If yes, what year?	
List the last 2 communities this business had employees working:			

SECTION 2 – Circle One APPLICANT OR ASSISTANT INFORMATION.

NOTE: If minors, proof of State Street Trade Permit must be provided pursuant to WI ACT 113

Name (Last, First, MI)		Maiden Name / AKA	
Home Address	City	State & ZIP	
Driver's License Number	Issuing State	Social Security Number	
Date of Birth	Primary Phone	Secondary Phone	
Operating Location: <input type="checkbox"/> <i>If utilizing City owned property, additional paperwork and fees may be required</i> <input type="checkbox"/> <i>If utilizing private property, proof of permission by the property owner is required.</i>			
Vehicle Identification: Make, Model & Color	License Plate Number & State	Insurance Co. & Policy #	
Have you applied for a permit in the City of Ashland before?		If yes, in what year?	
List the last 2 communities you've held a permit in:			
List any crime or ordinance violations you've had within the last 5 years.	Status (Pending, Guilty, Dismissed)	Location & Date/Year	

List any additional crime or ordinance violations you've had in the last 5 years on back.

I, the undersigned, affirm that I have given complete and true answers and understand that my past record will be part of this application. I hereby make application to the local governing body of the City of Ashland, County of Ashland, Wisconsin, for a "Mobile Concession Vendor"

I certify that I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made as part of this application may be cause for denial.

Applicant's Signature

Date

REQUIRED ADDITIONAL DOCUMENTATION

- COPY of Driver's License COPY of Liability Insurance
- COPY of Wisconsin Seller's Permit Passed Inspection from County Health Department

Attach all copies to this application

BACKGROUND CHECK:

APD recommends: Approval Denial - reason: _____

Clerk / Deputy Clerk's Signature: _____ Date: _____ Lic # _____

FEES APPLIED: Per the Ashland City Ordinances Chapter 165: Comprehensive Fee Schedule

Selling Timeframe	Vendor Fee
10 days or less (non-consecutive)	\$ 75.00
30 days (consecutive)	\$100.00
90 days (consecutive)	\$250.00
12 months (July 1 to June 30)	\$500.00

TOTAL DUE: \$ _____

DATE PAID: _____

LICENSE # _____

RECEIPT # _____