



Food Vendor Permit Application

One permit per event

Applications required to be submitted not less than 30 days before the start of the event.

License Fee \$40/event

Date of Application: _____

235 Hickory St - Pewaukee WI 53072

BUSINESS OWNER INFORMATION

Business Name: _____ FEIN #: _____

Business Address: _____ Phone #: _____

Business email: _____ Individual Partnership LLC Corporation

Non-Profit

Partnerships - Please list names and addresses of all partners - use another sheet of paper, if needed.

LLC & Corporations - Please list names and addresses of all members including officers, directors and agents.

Individuals—Please list the individuals name, address and social security number.

Name	Address
_____	_____
_____	_____

LOCATION AND EVENT DETAILS

Address of food sales: _____ Event Name: _____

Event location: _____ Date: _____

On site contact Name: _____ Phone #: _____

TYPE OF FOOD PRODUCTS SOLD - Use Additional Sheet of Paper if Needed

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE OF APPLICANT (Owner)

The section below needs to be signed in front of a notary.

By signing this form, I hereby acknowledge that I will adhere to the Village of Pewaukee Ordinances and the State of Wisconsin State Statutes and Federal Regulations regarding the sale of food . I certify that I have all applicable state and/or federal licenses and permits required. I further certify that I have a state certificate of examination and approval from the sealer of weights and measurers where the business requires use of weighing and measuring devices approved by the state authorities. At the time that any information on this form changes I acknowledge it is my responsibility to update the information with the Village Clerk.

Print Name: _____ Signature: _____ Date: _____

State of Wisconsin, County of _____. This document was signed before me on the ____ day of _____, _____

by _____.

(seal)

Notary's Signature

Commission expiration date

For Office Use Only

Registration Form Received: _____ Payment received \$40.00 = _____

Cash _____ CK# _____ Receipt # _____ Initials of Staff: _____