



Mobile Food Vendor Permit Application

Chapter 195 City of Mayville Municipal Code

Submit Applications and Payment to: City of Mayville, City Clerk, 15 S School St.,
PO Box 273, Mayville, WI 53050
Incomplete applications may be returned.

Business Information

Business Name				
Business Address				
Business Type (Circle one)	Individual	Partnership	Corporation	LLC
Phone No.			Alt Phone	
Email				
WI Seller's Permit #				

Applicant Information

Name			
Address			
Date of Birth		Phone No.	

List all (including pending) felony, misdemeanor, and municipal convictions within the past five (5) years from this or any other state, county, or municipality. If no charges – please indicate “none”. Use additional pages to list all matters, if necessary.

Date	Nature of Charge(s)	Jurisdiction Where Charged (City/County/State)	Status (Pending, Convicted, Resolved, etc)

Insurance Information

Insurance Carrier			
Policy No.			

Mobile Vending Unit Information

Item(s) to be Sold				
Type of Direct Sales (Circle one)	Cart	Stand	Truck	Trailer
Description of Cart/Truck/Trailer/Stand				
License Plate No. and Registration				



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Sales Location(s) – Circle all that apply	Sidewalk	Right-of-Way	Private Property	Park
List specific location(s): include address, days of the week, and times. Use additional paper if necessary.				
Type of Permit Requested (Check One)				
<input type="checkbox"/> Seasonal Permit, June 1-Aug 31 Cost: \$125.00		<input type="checkbox"/> Annual Permit, June 1-May 30 Cost: \$440.00		
<input type="checkbox"/> Single Day Event, Cost \$50.00 Event Name/Location:				

- I declare, under penalty of perjury, that the statements in this application and all attachments to this application are true, correct, and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I also acknowledge it is my responsibility to comply with the provisions set forth in Section 195 – Mobile Food Vendors, of the City of Mayville Municipal Code.
- The following are attached and correct, to the best of my knowledge:
- Wisconsin Department of Health Permit;
- Mobile Food Vendor Plan;
- Letter from Property Owner (if selling on private property);
- Approval from City of Mayville Parks & Rec Director (if selling near a park);
- Proof of Registration;
- Proof of Insurance; and
- Copy of Seller's Permit.
- I am aware the application fee is non-refundable if the license is not granted and that payment is due at the time of application.

Applicant Signature & Date	
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CITY HALL - OFFICE USE ONLY

Date Received		Payment Info	
Date to PD for Review		Date to Fire Dept for Review	
City Clerk Decision Date		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Mobile Vendor Permit No.		Expiration Date	
Clerk Signature & Date			

POLICE DEPARTMENT- OFFICE USE ONLY

Date Record Check Completed		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Additional Comments:			
Chief (or designee) Signature & Date			

FIRE DEPARTMENT- OFFICE USE ONLY

Date Inspection Completed		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Additional Comments:			
Chief (or designee) Signature & Date			

Form Revised 11/13/2025