

VENDOR PERMIT APPLICATION

| APPLICATION DETAILS | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| CHECK ONE: | ANNUAL LICENSE - \$50.00 (MAY 1 – APR 30) |
| | EVENT (\$5/DAY UP TO 3 DAYS) EVENT DATES: |
| BUSINESS NAM | ME:CONTACT NAME: |
| BUSINESS ADDRESS: | |
| PHONE: | EMAIL: |
| DATE OF BIRT | H: DRIVER'S LICENSE/ID #: |
| WI SELLER'S PERMIT #: | |
| TO INCLUDE WITH YOUR APPLICATION: ➤ Proof of Commercial General Liability Insurance with a minimum \$300,000 in the aggregate naming the City, its employees and agents as additional insured ➤ A valid copy of your Wisconsin Sellers Permit from the WI Dept of Revenue DESCRIBE THE FOOD, GOODS OR SERVICES TO OFFERED FOR SALE & THE PRIMARY LOCATION OF SAID SERVICES: | |
| Applicant agrees to provide the above stated documents and understands Chapter 12.13 of the Dodgeville Municipal Code that governs 'Vending on City Property' in the City of Dodgeville and agrees to comply with those regulations. | |
| Signature: | Date: |
| | |
| FOR OFFICE U | |
| Proof of Insurance | e Provided: YES NO Police Review: YES NO NO |
| Public Works Rev | riew: YES 🗆 NO 🗆 |
| Issue Date: | PERMIT #: |