

VILLAGE OF NEW AUBURN, BARRON & CHIPPEWA COUNTIES, WISCONSIN

130 Elm St E | PO Box 100 | New Auburn, WI 54757-0100
 Phone: 715-237-2223 | Fax: 715-237-2334 | www.newauburn-wi.com

VENDOR & DIRECT SALES PERMIT

Applicant First Name	Applicant Last Name	Applicant Phone
Applicant Address	Applicant City, State, Zip Code	Applicant ID # & State
Temporary Address where business is conducted from if applicable (include City, State, Zip Code & Phone)		
Height / Weight	Hair / Eye Color	Date of Birth
Employer / Firm	Supervisor	Supervisor Phone
Firm Address	City, State, Zip Code	Phone
Place where you may be contacted after leaving the Village for at least seven days (include City, State, Zip Code & Phone) – Cannot be left blank		
Nature of Business & Products or Services offered		
List any conviction of any crime or ordinance violation in the last five years, include offence and location (attach additional pages if necessary).		
Attach all copies of any and all current licenses or permits required by the State of Wisconsin that applies to your service or product(s).		
<input type="checkbox"/> Driver's License or ID	<input type="checkbox"/> Wisconsin's Sellers Permit (if necessary) & Provide	<input type="checkbox"/> State Certificate of Examination for Weights & measures (if required).
<input type="checkbox"/> Wisconsin State Health Officer's Certificate, that shall state seller(s) are free from any contagious or infectious disease within 90 days of application submittal.		
List up to three different locations where sales will occur:		
List up to three communities where applicant conducted business:		
Mobile Food stands shall be controlled by existing parking and traffic regulations as well as pertinent zoning restrictions.		
<input type="checkbox"/> Use of Somatic Transportation. <input type="checkbox"/> Certificate of Liability Insurance with the Village named as a secondary Insured.		
<input type="checkbox"/> I agree to comply with all requirements of the Village of New Auburn's Municipal Code while conducting business and more specifically in accordance Chapter 216 Mobile Vendors and Direct Sales Permit Required. Any false statement on this application or failure to comply shall be cause for license revocation.		

 Applicant Signature

 Date signed when submitted

OFFICE USE ONLY				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Denial:			
\$ Fee Paid	Date Paid	<input type="checkbox"/> Check <input type="checkbox"/> Cash	License #	Date Issued