

Permit Number

Permit Effective

Permit Expires



SUN PRAIRIE

OUTDOOR VENDOR'S PERMIT - APPLICANT INFORMATION

OFFICE OF THE CITY CLERK

 300 East Main Street
 Sun Prairie, WI 53590-2227
 (608) 825-1148

FAX (608) 825-6879

 Website www.cityofsunprairie.com

Include a copy of:

- ☐ Driver License or Photo ID
- ☐ 2x2 color photo less than 1 year old
- ☐ Wisconsin Seller's Permit

APPLICANT'S LAST NAME:				APPLICANT'S FIRST NAME:		MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET						☐ No ☐ Yes - IF YES, HOW LONG? _____	
CITY						If "no" please list the state that you are a permanent resident of, and how long you have been a resident there.	
STATE / ZIP						_____ _____	
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality. **If you have none, Initial Here** _____

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

If you have not lived anywhere else besides your current address, Initial Here _____

DATE	ADDRESS	CITY/STATE

Please include a copy of your driver's license or state issued identification card with the application and required fees.

OUTDOOR VENDOR'S PERMIT APPLICATION

CONSECUTIVE DATE(S) THIS PERMIT IS APPLIED FOR		DESCRIPTION OF GOODS TO BE SOLD	
Week: Month: Year:		IF SELLING PRODUCE, WAS IT GROWN BY YOU OR YOUR IMMEDIATE FAMILY? ☐ Yes ☐ No	
NAME OF FIRM YOU ARE WORKING FOR:		NAME OF SUPERVISOR PRIMARY CONTACT INFORMATION	
NAME ADDRESS CITY / STATE / ZIP PHONE NUMBER EMAIL ADDRESS:		NAME ADDRESS CITY / STATE / ZIP PHONE NUMBER EMAIL ADDRESS:	
LIST STATIONARY ADDRESS WHERE BUSINESS WILL BE CONDUCTED		VEHICLE MAKE, MODEL, YEAR LICENSE PLATE # AND LICENSE PLATE ISSUING STATE BEING USED FOR SALES	
		MAKE: MODEL: YEAR: LICENSE PLATE #: LICENSE PLATE ISSUING STATE:	
HAVE YOU HELD AN OUTDOOR VENDOR'S PERMIT IN SUN PRAIRIE IN THE PAST FIVE (5) YEARS?		Have you ever had any type of permit or license suspended, revoked or denied in this or any other municipality?	
☐ Yes If so, WHEN? ☐ No		☐ Yes If so, please specify municipality and dates. ☐ No	
LAST 3 CITIES IN WHICH BUSINESS WAS CONDUCTED INCLUDE THE NAME AND ADDRESS OF CONTACT PERSONS		ADDRESS & PHONE # WHERE APPLICANT CAN BE REACHED FOR AT LEAST 7 DAYS AFTER LEAVING THE CITY	
1. 2. 3.			
ARE YOU OVER THE AGE OF 18?		IF YOU ARE NOT OVER THE AGE OF 18, WHO WILL BE YOUR SPONSOR FOR THIS ACTIVITY? (PLEASE LIST BELOW) See Section 5.32.040 of City Ordinance	
☐ Yes ☐ No			

TO: CITY COUNCIL OF THE CITY OF SUN PRAIRIE, WISCONSIN,

Applicant agrees to provide a copy of their Driver License, State ID or Government issued picture ID such as passport or Federal Document required for identification to conduct a background investigation. The undersigned affirms that he/she made COMPLETE AND TRUE answers to each question and understands that his/her past record will become part of this application. The undersigned is also aware that incomplete or false answers may result in denial or revocation of permit and authorizes a review of and full disclosure of any and all records, files and reports, which include any police contact as well as arrests.

Did you read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded. You acknowledge that you have also been provided a copy of Section 5.32 of the City Municipal Code of Ordinances as it pertains to Solicitors. ☐ Yes ☐ No

Applicant realizes that this is not a license or permit to sell, peddle, or solicit in the City of Sun Prairie, nor is it a guarantee of the applicant's integrity or an endorsement of the product. This does not relieve the applicant of compliance with City Ordinances or State Statutes. Until the permit is approved and issued this is only an application.

As the applicant, I hereby agree to comply with all laws, Resolutions, Ordinances and Regulations, Federal, State, or Local affecting the direct seller, peddlers, or solicitors if a license is granted to me. Applicant acknowledges that any sales or solicitations must comply with posted notices of "NO SOLICITORS" or like notices in writing, or given verbally by the property owner or person in lawful control of the property.

Did you provide a photograph* of yourself? ☐ Yes ☐ No

*The photograph should be approximately two inches by two inches (2" x 2") showing the head and shoulders, which has been taken not more than one year prior to such application. The photograph should be in color. You could also email the photo if you so choose, however, the application will not be processed until the photo is received by staff. When turning in the application, please ask staff member that is assisting you that day for email address to send photo to.

Did you provide a copy of your driver's license or state issued identification card? ☐ Yes ☐ No

If you are doing stationary sales not on city right-of-way, did you provide a copy of a letter of permission to use the site from the property owner? ☐ Yes ☐ No

☐ Call or ☐ Email me, I will pick up my license when it is ready.

APPLICANT'S SIGNATURE: _____ DATE: _____

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OFFICE USE ONLY - Application and fees accepted by DW / CP / AL / MM _____ Date _____ / _____ / 20____

FEES: \$ _____	Application is for _____ WEEKS	\$30.00 per week + \$7.00 background check fee
\$ _____	Application is for _____ MONTHS	\$65.00 per month + \$7.00 background check fee
\$ _____	Application is for _____ YEAR(S)	\$300.00 per year + \$7.00 background check fee

Total Fees collected: _____

Applicant has met with and received approval from a member of the city Planning Department, and the application complies with city zoning requirements and permits. A Special Use Permit (SUP) ☐ is ☐ is not required.

In regards to the issuance of this license, the Sun Prairie Police Department:

- _____ has no objection.
- _____ does have an objection which is detailed, with a recommendation, in the attached report.
- _____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____

Signature of Police Chief or his/her designee DATE

Signature of City Clerk or his/her designee DATE

AUTHORIZATION FOR USE FROM BUILDING/PROPERTY OWNER

Name of Business making application: _____

Address _____

Applicants name: _____

Property Owners Name _____

As owner of the property located at _____

I have knowledge and give permission for this business to make application and use the above state property for a
business use for a Mobile Food Cart

Property Owners Signature _____

Date: _____