



CITY OF WAUWATOSA

Health Department
7725 WEST NORTH AVENUE
Wauwatosa, WI 53213

Telephone: (414) 479-8939 Fax: (414) 471-8483

Date _____

FARMER'S MARKET VENDOR LICENSE APPLICATION

2016

Please print clearly

****This event license allows for multiple (including non-consecutive) days of operation**

Applicant Name _____

Address: _____

Phone: _____ Cell Phone: _____ Fax _____ E-mail: _____

Business Owner>(*Legal Licensee)

*Legal Licensee is the legal entity owning the business: the name of the corporation owning the business, partnership, LLC, etc., **OR** yourself if non-incorporated sole proprietorship

Business Owner Address: _____

City _____ State: _____ Zip: _____

Phone _____ Fax: _____ E-mail: _____

List name and home address of each corporate office and position held; if partnership, list each partner:

Driver's License Number _____ State Issued: _____

Date of Birth: _____ Gender: _____ Race: _____

Have you been convicted of, paid a fine for, or received a citation for violating any laws relating to health or food regulations? Yes No

If yes, explain _____

Products being sold:

Food: _____

Non-Food: _____

I hereby certify that all of the above answers are true and correct and agree to comply with all state and local laws, ordinances & regulations.

Signature _____ Date: _____

OFFICE USE ONLY:

Reports required:

Police Sent: _____ Rec'd: _____
 Health Sent: _____ Rec'd: _____

FEES

City Food \$55
 DATCP—Non-Processing \$105
 DATCP—Processing \$175
 DHS—Restaurant \$175