



"meeting community needsenhancing quality of life"

STREET OCCUPANCY PERMIT/ LICENSE APPLICATION for CBD STREET VENDORS

FEES ARE NON-REFUNDABLE Date Recv'd ___/___/___
 Street Occupancy Permit/License Fee \$ _____ Acct. 17011.4409
 (See Section 4)
 Investigation fee (per applicant) + \$ 7.00 Acct. 100.2359
 Total amount paid \$ _____ Receipt _____

Approval/Denial to be issued in 7 working days from date of application.

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly					
Name of Company					
Company Street Address			City	State	Zip
Company Telephone Number		Type of merchandise or service – list specific product(s) or actual services being provided:			
Type of Unit:		On Street Unit		Amenity Strip Unit	
CART #1 Location #1 of Amenity Strip unit (West of Appleton Street)			CART #1 Location #2 of Amenity Strip unit (East of Appleton Street)		
CART #2 Location #1 of Amenity Strip unit (West of Appleton Street)			CART #2 Location #2 of Amenity Strip unit (East of Appleton Street)		
SECTION 2 – EMPLOYEE INFORMATION –Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wis. Stats. Ch. 103.					
EMPLOYEE #1		Name of Employee (Last, First, MI)		EMPLOYEE #2	
				Name of Employee (Last, First, MI)	
Employee Home Address			Employee Home Address		
Driver's License/State Issued	Sex	DOB	Driver's License/State issued	Sex	DOB
If less than two years at the above address, list all addresses in the last two-year period.					
SECTION 3 – PENALTY SECTION Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.					
Signature of Applicant #1:			Signature of Applicant #2:		
SECTION 4 – FEE SCHEDULE					
TYPE	X	LICENSE	X	STREET OCCUPANCY PERMIT	
One Amenity Strip Unit		\$100.00		\$40.00 X ___ location(s) \$ _____	
Two Amenity Strip Units		\$150.00		\$40.00 X ___ location(s) \$ _____	
On-Street Unit		\$100.00			
Additional Employee Application		\$20.00			
Transfer location (Max. 2 changes per unit/year)		\$20.00 each change			
FOR OFFICE USE ONLY					
Dept	Approv	Deny	By	Reason	
CLERK/POLICE					
HEALTH					
CERT OF INSURANCE					
Date sent for approvals	Date Issued		Expiration Date		License Number