



508 Second Street, P.O. Box 277, Pepin, WI, 54759, Phone 715-442-2461 Emails: clerk@pepinwisconsin.org and treasurer@pepinwisconsin.org

Mobile or Temporary Restaurant Permit Application

Business/Owner Name: _____

Address: _____
(Street address) (City, State, Zip Code)

Phone #: _____ **Email:** _____

Location: _____
(Temporary address and/or location which business will be conducted)

Description of mobile food vehicle.

Year: _____ **Make and Model:** _____

Dimensions: _____

(Dimensions shall not exceed 36 ft. in length or nine ft. width)

Annual - \$200 Expires: December 31st, _____

One Weekend Only - \$50 Dates: _____ to _____

LICENSE REQUIREMENTS:

- State Approved License
- Proof of Liability Insurance

Signature: _____ **Date:** _____

****License fees will not be prorated for partial year operation****

Village Use:

LICENSE #: _____ **DATE:** _____ **Issued By:** _____