



- Include a copy of:
- Driver License or Photo ID
  - 2x2 color photo less than 1 year old
  - Wisconsin Seller's Permit

**OFFICE OF THE CITY CLERK**

300 East Main Street  
 Sun Prairie, WI 53590-2227  
 (608) 837-2511  
 FAX (608) 825-6879  
 Website [www.cityofsunprairie.com](http://www.cityofsunprairie.com)

**OUTDOOR VENDOR'S PERMIT - APPLICANT INFORMATION**

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						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____  If "no" please list the state that you are a permanent resident of, and how long you have been a resident there.  _____ _____		
CITY								
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes    If so, WHEN?  <input type="checkbox"/> No		<input type="checkbox"/> Yes    If so, please specify municipality and dates.  <input type="checkbox"/> 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	
<input type="checkbox"/> Yes <input type="checkbox"/> 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:** \_\_\_\_\_

**OFFICE USE ONLY -** Application and fees accepted by MS / AL / EH / \_\_\_\_\_ 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: \_\_\_\_\_