

Food Truck Permit Application



Company Name _____

Truck or Trailer _____

Organization's Name _____

Address _____ City _____ State _____ Zip Code _____

Organization's Type _____ Organization's Tax ID _____

(Organization must include copy of Organization Registration and Copy of Tax ID, liability insurance)

Primary Responsible Contact _____ Phone Number _____

Email Address _____

Business Address _____ City _____

State _____ Zip code _____

Secondary Contact Person _____ Phone Number _____

Email Address _____

(List Multiple dates and location if applicable)

Location Dates & Times _____

Location Dates & Times _____

Location Dates & Times _____

Location Dates & Times _____

Description of Location Event

Do have permission from property owner (s) For where Food Truck will be set up? Yes No

The following permits and licenses are required


Insurance Certificate: Provide a certificate of insurance coverage included in the application

Business License: Provide a copy of business license

Food Handlers Permit: Please provide copy(ies) of Food Handlers permit for each server.

Seller's Permit: Please provide copy of seller's permit.

Signature Area

 Signature by Organization's primary contact _____

Date of Approval by Committee _____

City Council Approval Date _____

Approval by Mayor _____ Administrator Approval _____

Please return the completed form to City Hall, located at 500 N. Chestnut Avenue, Oconto Falls, WI 54154, or email it to jfriedman@cityofocountofalls.wi.gov. If you have any questions, please call 920-846-4505.