



## **Youth Street Vendor Permit Application**

Applications must be made at least 7 days prior to event

Fee: \$15.00

Term of Permit: April 1 through March 31 of each year

Name of Parent or Legal Guardian:					
Name of Youth Applicant:					
Date of Birth:	th: (must be at least 12 years of age)				
Mailing Address:					
Email:	Phone #:				
Product:	Type of Mobile Vending:				
Vending Date (s):	Vending Time (s):				
☐ Copy of current State of Wisconsin or health department license for the vending of any food times.					
Menu List (if food or beverage items:					
FIXED SITE	MOBILE SITE				

I, the parent or guar	dian, understand t	hat I am responsible	e for the following:			
☐ Indemnifies	the City in accor		or and the vending operations isions of City of Wausau Municipa	al Code		
The parent of minor child	Section 5.62.040(d)  The parent or legal guardian shall hold the city of Wausau harmless of any and all actions of the minor children and shall comply with all other provisions of City of Wausau Municipal Code Section 5.62.040(d).					
		shall be responsible was governing the emp	and liable for ensuring compliance loyment of minors	with any		
☐ No vending vehicle or o	under a special y ther on-street unit	outh vending license	e shall be permitted to occur from	a motor		
	or legal guarding s of section 5.62.1		for any violation of this section an	d subject to		
☐ I have read	and understand C	hapter 5.62 regardir	g the Mobile vending ordinance.			
Signature of Youth	Vendor Applica	nnt:				
			Date:			
Signature of Paren	t or Guardian of	Youth Vendor Ap	plicant			
			Date:			
*****	*****	******	*******	*****		
Approved:	(date)	Denied:	(date)			