



Date of Application: \_\_\_\_\_

**CITY OF БЕЛОИТ  
OUTDOOR VENDOR’S PERMIT APPLICATION**

The investigation fee is **\$100.00** per applicant and record check fee of **\$7.00 each for the applicant, principals of the corporation, LLC, or nonprofit and local manager/responsible party.** Please allow 7-10 business days for processing and record checks. Outdoor vending is not permitted on City streets, sidewalks, or public rights-of-way. Permits expire December 31 of the licensing year.

**APPLICANT (individual completing the application):**

**Name** (Last, First, Middle)                      **Home Address**                      **DOB**                      **Telephone Number**

Temporary Address, if applicable:

**I am completing this application on behalf of (check one):**

<input type="checkbox"/>	Individual	Complete Sections A, E, G
<input type="checkbox"/>	Partnership*	Complete Sections B, D, E, G
<input type="checkbox"/>	Limited Liability Company*	Complete Sections C, D, E, G
<input type="checkbox"/>	Corporation*	Complete Sections C, D, E, G
<input type="checkbox"/>	Other Type of Organization	Complete Sections C, D, E, G
<input type="checkbox"/>	Nonprofit Organization*	Complete Sections C, D, E, G
<input type="checkbox"/>	Organization Sponsoring Juveniles*	Complete Sections C, D, E, F, G
<input type="checkbox"/>	Nonprofit Sponsoring Adults*	Complete Sections C, D, E, F, G

\*Every organization must appoint a local manager/responsible party for any incidents or complaints in the City of Beloit (see Section D).

**SECTION A – Individual (same as Applicant)**

**Age:**                      **Height:**                      **Weight:**                      **Hair Color:**                      **Eye Color:**

**If individual on behalf of an employer, please complete the following:**

Name of Employer                      Permanent Address                      Telephone Number

**SECTION B – Partnership (include all partners)**

**Name** (Last, First, Middle)                      **Home Address**                      **Telephone Number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C – Corporation/Limited Liability Company/Nonprofit Organization/Other**

**Full Name of Corporation/LLC/NPO:**

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**Address of Corporation/LLC/NPO:**

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**Tax Exempt Status from IRS, if applicable:**

(Please specify subsection of §501 of the Internal Revenue Code and provide letter or proof from IRS)

**If other organization, describe name and type:**

(Include name, address, and telephone of 3 highest ranking officials in the organization below)

**Member/Officer Name & Title**

**Home Address**

**Telephone Number**

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**SECTION D – Local Manager/Responsible Party**

**Name (Last, First, Middle)**

**Home Address**

**DOB**

**Telephone Number**

**Age:**

**Height:**

**Weight:**

**Hair Color:**

**Eye Color:**

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**SECTION E – Information Regarding Operations**

**Hours of Operation:**

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**Description of Product or Service:**

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**Outdoor Vending Locations (written authorization from property owners required):**

Street Address	Tax Parcel Number	Zoning District	Confirmed by:	Date(s)

**Vehicles used in activity:**

MAKE	MODEL	LICENSE #	STATE OF REGISTRATION


List 3 other municipalities where similar activities have been conducted, if applicable:

CITY	STATE	DATES

Report of any crime or non-traffic ordinance violation within the last 5 years committed by the Applicant and/or Responsible Party:

NATURE	DATE	PLACE	PENALTY

Please attach additional lists when necessary.

**SECTION F – Sponsored Persons, if applicable.**

The sponsor must provide a badge or ID displaying name of sponsor or company and the name and picture of the bearer while participating in sales.

List of Juveniles being sponsored:

NAME (Last, First, Middle)	HOME ADDRESS	TELEPHONE NUMBER

List of Adults being sponsored (nonprofit organizations only):

NAME (Last, First, Middle)	HOME ADDRESS	DOB	TELEPHONE NUMBER

Report of crime or non-traffic ordinance violation within the last 5 years for sponsored persons:

NAME	NATURE	DATE	PLACE	PENALTY

Please attach additional lists when necessary.

**SECTION G – Acknowledgment**

I hereby make application with the City of Beloit for an OUTDOOR VENDOR'S PERMIT as provided by Section 14.04 of the City of Beloit Municipal Code, the same to expire on the 31<sup>st</sup> day of December \_\_\_\_\_. Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts and state that all of the above statements are **true and correct** to the best of my knowledge. I understand that any omission shall render this application, and any subsequent permit, void. I understand that information provided on this application is of **public record**. If I am the applicant or local manager, I understand that it is my responsibility to **supervise and control the activities of all sponsored persons** while engaging in outdoor vending. I understand that the investigation and record check fees are **non-refundable** under any circumstances and that I can appeal the denial of this permit application to the City Council by filing a written appeal with the City Clerk within five days of receiving the written notice of denial.

\_\_\_\_\_  
Applicant/Responsible Party Signature

**OR**

As an **ex-soldier licensed by the State of Wisconsin**, I understand that I am exempt from the permit requirements but not the regulations. As such, I have read and understand the regulations for outdoor vendors in the City of Beloit and I agree to abide by said regulations. I have submitted a copy of my Wisconsin License, per §440.51 of the State Statutes. I understand that if this license is suspended or revoked by the Department of Safety and Professional Services, I must inform the City Clerk and cease any sales activities immediately.

\_\_\_\_\_  
Signature of Ex-Soldier licensed by the State of Wisconsin

<b>For Office Use Only:</b>	
_____	<b>Exemption Claimed (attach letter from IRS)</b>
_____	<b>Ex-Soldier (attach copy of WI License)</b>
_____	<b>Copy of Licenses required (DL or Photo &amp; 2 IDs)</b>
_____	<b>Written Authorization from Property Owner</b>
_____	<b>Total Fees Paid</b>
_____	<b>Date Fees Paid</b>
_____	<b>Gave Supplemental Information to Applicant</b>
_____	<b>Treasurer's Check Sheet Completed</b>
_____	<b>Date Permit Issued by Clerk</b>

**APPROVAL or Denial** (circle one)

**Police Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fire Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMMENTS:**  
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\_\_\_\_\_  
\_\_\_\_\_