



# Food Truck Application

Fee: \$20.00/Month

Please Complete and Return It **Along with a Copy Health Department Approval** and Applicable Fees (cash or check) to the City Clerk's Office.

Business's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: River Falls, WI 54022

County (circle one): Pierce / St. Croix Owner's Email: \_\_\_\_\_

Type of Goods or Services to be Offered: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Number: \_\_\_\_\_

DL: \_\_\_\_\_ State: \_\_\_\_\_

Last Three Cities, Villages or Towns you Conduct Similar Business:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Check payments should be made payable to The City of River Falls and mailed to:**

**Attn: City Clerk's Office • 222 Lewis Street • River Falls WI 54022**

**License Fees Are Cash or Check Only.**