



P.O. CK #175

Annual Permit \$50.00

Date of Application

4-13-26

MOBILE FOOD VENDOR PERMIT APPLICATION

Section 1: Business Information					
Business Name	Mr. P's Grilled Cheese				
Business Address	1000 203 N 2nd St				
City	Palmyra	State	WI	Zip Code	53156
Business Phone	262-441-7459				
Business Type	(Circle One) Individual Partnership Corporation <u>LLC</u>				
WI Seller's Permit #	(required) 456-1030568083-02				
Section 2: Applicant Information					
Name	Ty Powlson				
Home Address	N683 Tamarack Rd.				
City	Palmyra	State	WI	Zip Code	53156
Phone	262-441-7459				
Date of Birth	08/26/1997				
Section 3: Insurance Information (attach certificate of insurance)					
Insurance Carrier	West Bend Mutual			Policy #	A475444
Section 4: Type of Mobile Vending Unit Information					
Item(s) to be sold	Grilled cheese and Tomato Bisque				
Type of Direct Sales	(Circle One) Cart Stand <u>Truck</u> Trailer				
Description of Cart, Stand, Trailer	<u>Truck</u> Yellow with our logos, GMC Box van				
Please Note: Photo must be attached of Unit					
License Plate # & Registration	VX2195 25122 N10076				
Drivers License #	P425-8049-7306-04				
Sales Location(s)	203 N. Second St Hours 4-8 Spring + Summer, 4-7 Fall				
List Specific Location(s): Address, Days of Week, Times					
1) Watworth Co. Fair - Labor day weekend					
2) Racine Co. Fair - last weekend in July					
3) Waukesha Co. Fair - 2nd weekend in July					
4) Basses Pumpkin Farm - Every weekend in October					
READ CAREFULLY BEFORE SIGNING					
<p>I declare, under penalty of perjury, that the statements in this application, and all attachments to this application are true, correct and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I also acknowledge it is my responsibility to comply with Provisions in Chapter 12-16 of the Village of Palmyra code of ordinances.</p>					

ENVIRONMENTAL PUBLIC
HEALTH CONSORTIUM
515 S FIRST ST
WATERTOWN, WI 53094
920-262-8094

**Environmental Public Health
Consortium**
Jefferson County City of Watertown
515 S. First Street
Watertown, WI 53094

License, Permit or Registration

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is here by authorized to engage in the activity as indicated below.

ACTIVITY	EXPIRATION DATE	I.D. NUMBER
Retail Food - Serving Meals, Mobile - Moderate	30-Jun-2026	CJEY-B4QN2B
LICENSEE MAILING ADDRESS	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS
MR P'S GRILLED CHEESE LLC N683 TAMARACK RD PALMYRA WI 53156		MR P'S GRILLED CHEESE N683 TAMARACK RD PALMYRA WI 53156

The department may send out a renewal notice as a courtesy, but in the absence of a courtesy reminder it is the licensee that is responsible for remittance of the permit fee to the department before July 1st. All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

ENVIRONMENTAL PUBLIC HEALTH CONSORTIUM
515 S FIRST ST
WATERTOWN, WI 53094
(920)262-8094

* Include the name of your facility and the ID number.

F-fd-123





State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1030568083-02

Legal/Real Name: MR. P S GRILLED CHEESE

Signature _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/13/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BWO Insurance Group-Elkhorn HR N5860 US Hwy 12 Ste C Elkhorn, WI 53121	CONTACT NAME: Denisse De la Vega
	PHONE (A/C. No, Ext): 800-840-8843 FAX (A/C. No): 262-743-2012 E-MAIL ADDRESS: denisse@bwoinsuranceelkhorn.com
INSURER(S) AFFORDING COVERAGE	
INSURER A :	West Bend Mutual Insurance Company NAIC # 15350
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 00057069-250310131304 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		A475444	07/25/2025	07/25/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		A475444	07/25/2025	07/25/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y		A475444	07/25/2025	07/25/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Village of Palmyra has been listed as additional insured.

CERTIFICATE HOLDER Village of Palmyra 100 Taft St. Palmyra, WI 53156	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Denisse De la Vega</i>
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(DDV)