



City of La Crosse, Wisconsin

APPLICATION FOR MOBILE SELLER, FARMERS MARKET OR TRADE SHOW (Ch. 10, Article XVI)



Check One:

Mobile Seller (Direct Seller/Door-to-Door or Transient Merchant/Fixed Location)

90-Day Temporary Permit Dates: _____

Annual For period January 1, ____ to December 31, ____
(Note: door-to-door not eligible for annual permit)

Farmers Market

Trade Show

Check this box if this is a renewal or you have previously held this license.

Fee: \$ 110.00 + \$10/ID Badge for Door-to-Door Sellers

Invoice No. INV# 197017
Pd. in Munis

Applications must be received in the City Clerk's Office at least fifteen (15) days in advance of license being issued. The non-refundable license fee and required documentation must accompany this application at the time of filing. A separate license is required for each transient merchant location.

DWD Certificate of Registration: [] Required [] Provided on _____ [] Stamped on _____

BUSINESS INFORMATION – Person, Firm, Association or Corporation/LLC that Applicant Represents, is Employed By, or Whose Food is Being Sold.

Legal/Real Name of Business: MOUA XIONG Trade Name: Pashoua Farmer Market - 4 yrs Years in Business:

Address of Above: Street W1842 State Highway 16 City BANGOR State WI Zip Code 54614

Telephone Number: 608-406-7368 Website:

APPLICANT INFORMATION – Person in Charge

Name: First MOUA Full Middle Last XIONG

Permanent Address: Street W1842 State Highway 16 City BANG State WI Zip Code 54614

Temporary/Local Address: Street City State Zip Code

Telephone Number: 608 406 7368 Email: Mouamee2012@gmail.com

The attached Personal Data Sheet must be completed for each officer/member of business, person in charge, individuals going door-to-door.

NATURE OF BUSINESS

Description of Vehicle used by Applicant in the Conduct of Business:
CP1164P 2012 Tundra (Year) 2012 (Make) Tundra (Model)

Nature of business to be conducted and a brief description of the goods offered or services:

vegetable, flower

Proposed method of delivery of goods, if applicable.

DATES, TIMES, LOCATION(S) WHERE BUSINESS WILL BE CONDUCTED		
<i>Note: If on private property, written authorization from property owner is required.</i>		
DATES	TIMES	LOCATIONS
		City Hall Parking Lot

MUNICIPALITIES WHERE APPLICANT HAS CONDUCTED SIMILAR BUSINESS	
Date _____	Where <u>Onalaska - Festival Foods Parking Lot.</u>
Date _____	Where _____
Date _____	Where _____
Date _____	Where _____
Date _____	Where _____

The above hereby makes application for a Mobile Seller, Farmers Market or Trade Show License within the City of La Crosse pursuant to Chapter 10, Article XVI of the Code of Ordinances of the City of La Crosse.

Under penalty provided by law, applicant certifies the above information is true, correct, and complete, and that falsification may result in denial of such license. Further, applicant understands that refunds are not allowed for any portion of the application fee paid even if denied for past and/or pending offenses and/or for any outstanding debts owed to the City. Applicant agrees that there shall be full compliance with all local, state and federal laws in the conduct of the activities for which permit may be granted.

Mona Xiong
Signature of Applicant

6-20-24
Date

The issuance of a Mobile Seller, Farmers Market and Trade Show License is conditional at all times. A permit may be revoked, suspended, or not renewed for violation of any provision of this chapter, or a violation of a statute, ordinance, or regulation substantially related to the permitted activity or when necessary to protect the public health, safety, or welfare; or to prevent a nuisance from developing or continuing.

PHOTOCOPIES OF THE FOLLOWING MUST ACCOMPANY THE APPLICATION AT THE TIME OF FILING:

- Photocopy of drivers license for any individual going door-to-door.
(photo will be used for ID badge)
- WI Seller's Permit Number _____
(Must be in the same legal/real name as applicant or business and a photocopy must be provided to the City Clerk's Office.)
- Vehicle Certificate of Registration/Licensing, if applicable.
- A local certificate of examination/approval from the sealer of weights & measures, if applicable.
- Certificate of Insurance along with a photocopy of the endorsement naming City of La Crosse as additional insured (a statement alone on the Certificate is not sufficient).
- Written authorization of the property owner(s) where business will be conducted, if applicable.
- Written authorization if selling within 100 feet of a permanent retail merchant during its operating hours. See 10-758(b)(12) La Crosse Municipal Code.

OFFICE USE ONLY		
Date Received in the City Clerk's Office:	Issue Date:	License #:



CERTIFICATE OF LIABILITY INSURANCE

XIONGMO002

LBENNETT

DATE (MM/DD/YYYY)
6/14/2024

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).

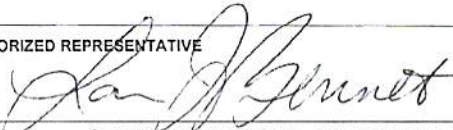
PRODUCER Coverra Insurance Services, Inc. 3803 Creekside Lane Holmen, WI 54636	CONTACT NAME: West Bend Insurance PHONE (A/C, No, Ext): (608) 526-2127 E-MAIL ADDRESS: pandre@coverrainurance.com	FAX (A/C, No): (608) 519-2818
	INSURER(S) AFFORDING COVERAGE	
INSURED Moua Xiong (Farmers Market) W1842 State Highway 16 Bangor, WI 54614	INSURER A : West Bend Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			A-437226 B72011800	5/1/2019 6-10-24	5/1/2019 6-10-25	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Farmers Market - fruit / vegetables / flowers / etc

CERTIFICATE HOLDER Festival Foods 1260 Crossing Meadows Dr Onalaska, WI 54650	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 
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