



Mobile Dessert/Food License Application



License Period Ending June 30, 2025

Office Use Only	License #	Issue Date
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CHECK ONE:	<input type="checkbox"/> Mobile Dessert Establishment \$50 Fee	<input checked="" type="checkbox"/> Mobile Food Establishment \$50 Fee
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Filling out your application

A municipal license is a privilege, not a right. Any false answers or omissions may result in the denial of your application.

- This application must be filled out accurately and completely.
- If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification.
- Your application will not be processed until you pay the application fee(s).
- You can obtain information regarding arrest and conviction records from the Wisconsin Circuit Court Access website at: www.wcca.wicourts.gov/index.xsl (Note: CCAP may not provide a comprehensive list of ALL arrests and convictions).

Attachment(s)

- Copy of current driver's license.
- Copy of current insurance identification card.
- Copy of license issued by the State of Wisconsin.

Review of your application

- The Richland Center Police Department will perform a background check to verify the information you have provided.
- The city may require additional information, appropriate to the specific type of license, be submitted with this application or as a supplement to this application prior to consideration of license issuance.
- If you are asked to appear before a committee but choose not to do so, your application may be denied.

First Name <u>Ampawan</u>	MI	Last Name <u>Jianphan</u>
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Residence (Street Address) <u>1620 Berry Hill CT</u>	City <u>Baraboo</u>	State <u>WI</u>	Zip <u>53913</u>
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Phone <u>417-559-5280</u>	Email Address <u>som_m_som@hotmail.com</u>	Date of Birth <u>06/03/84</u>	Sex <u>F</u>
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Height <u>5-1"</u>	Weight <u>155</u>	Other Identifying Data, if applicable [maiden name, aliases, etc.]
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Driver's License Number (attach copy) <u>J515-0008-4703-00</u>	Insurance Policy # (attach copy)	State License # (attach copy)
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Vehicle Make <u>Ford</u>	Vehicle Model <u>ECO</u>	Vehicle Year <u>2011</u>	Vehicle Color <u>White</u>
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Sales Tax # <u>87-1705908</u>	Non-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exempt #	Goods to be sold:
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Business Name For License <u>Thai Station Food Truck</u>

LOCAL PROPERTY OWNER REFERENCES:

1. <div style="font-size: 1.2em; font-family: cursive;">Serving Thai Food</div>	2.
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Do you have any felony or misdemeanor charges presently pending against you? (List below)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
List Any PENDING Citations, Tickets or Criminal Charges			
Year	Court Location	Charge	

Have you ever been convicted of any felony or misdemeanor? (List below)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
List Any Citations, Tickets, Municipal/Ordinance Violations and Criminal CONVICTIONS (Excluding parking tickets)			
Year	Court Location	Charge	

The undersigned, by signing this application, hereby authorize and consent to such inquiry and/or investigation as the City of Richland Center deems necessary to determine whether this applicant and/or the application meets all requirements of the ordinances of the City for the issuance of said license.

I further certify I understand that any material falsification in the application may be basis for denial of the application or the revocation of any license issued by the city pursuant to this application.

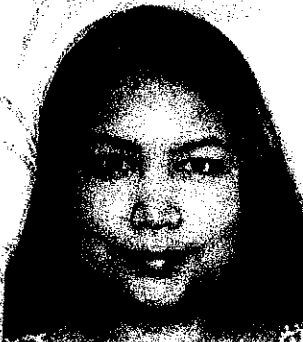
Applicant's Signature	Date <div style="font-size: 1.2em; font-family: cursive;">07/01/24</div>
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OFFICE USE ONLY:
 Subscribed and sworn to before me this _____ day of _____, _____
 _____ \$_____ fee paid on _____
 City Clerk/Treasurer or Deputy

To be filled out by the Richland Center Police Department	
<input checked="" type="checkbox"/> Individual has no criminal arrest record with either the Wisconsin State Crime Bureau or the RCPD.	
<input type="checkbox"/> See attached for criminal arrest records.	
Authorized Signature - Richland Center Police Department 	Date <div style="font-size: 1.2em; font-family: cursive;">7-23-2024</div>

**DRIVER LICENSE
REGULAR**

**USA
WISCONSIN**



4d **J515-0008-4703-00**

1 **JIANPHAN**
2 **AMPAWAN**

8 **1126 11TH ST # 1
BARABOO, WI 53913**



15 SEX **F** 16 HGT **5'-01"**
17 WGT **150 lb** 18 EYES **BRO**
19 HAIR **BLK**
3 DOB **06/03/1984**
9a END **NONE**

4a ISS **02/14/2018**
4b EXP **06/03/2026**

5-00 **QTCCR2018021407434545**

JUN 84



SAUK COUNTY HEALTH DEPARTMENT

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 Retail Food - Serving Meals, Mobile Base - No Food Prep	EXPIRATION DATE 30-Jun-2025	I.D. NUMBER ADIZ-CH4L2X
LICENSEE MAILING ADDRESS THAI STATION LLC 1620 BERRY HILL CT BARABOO WI 53913	NOT TRANSFERABLE	BUSINESS/ESTABLISHMENT ADDRESS THAI STATION MOBILE BASE 603 8TH AVE BARABOO WI 53913

All permits expire on June 30, 2025. It is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1, 2024

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:

SAUK COUNTY HEALTH DEPARTMENT
505 BROADWAY STE 372
BARABOO, WI 53913
(608)355-3290

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



**FOOD
LIABILITY
INSURANCE
PROGRAM**

<http://www.fliprogram.com>

844-520-6992

Powered by Veracity Insurance
Solutions, LLC



Great American Alliance Insurance Company

301 E. Fourth Street, 25 S
Cincinnati, OH 45202-4201

**COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE FORM
CERTIFICATE PAGE**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY
NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE
CERTIFICATE HOLDER: Thai Station Food Truck
ADDRESS: 1620 Berry Hill Court, Baraboo, Wisconsin 53913
POLICY PERIOD: 04/30/2024 to 04/30/2025 12:01 A.M. Standard Time at the Address of The Certificate Holder

POLICY NUMBER:
PLF046122

CERTIFICATE NUMBER:
F245367

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
General Each Occurrence Limit	\$	1,000,000	
Damage to Premises Rented to You Limit	\$	300,000	Any One Premises
Medical Expense Limit	\$	5,000	Any One Person
Professional Coverage Extension	\$	Not Purchased	Each Claim
	\$	Not Purchased	Aggregate
Professional Coverage Deductible	\$	Not Purchased	Each Claim
Liability Deductible			None

FORM OF BUSINESS: LLC

PREMIUM: \$169.00
BHTA FEE: \$130.00
TOTAL POLICY COST: (The cost is 100% earned/non refundable) \$299.00

CODE NUMBER: 11168 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** Up to \$50,000

BUSINESS DESCRIPTION: Vendor, Distributor, or Manufacturer of food products; Food Truck

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TO CLAIMS@VOPINS.COM OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

ADMINISTRATED BY



Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
888-568-0548
info@fliprogram.com

ADMINISTRATOR'S SIGNATURE:

Auto-Owners

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY HUB INTERNATIONAL MIDWEST LIMITED
23-0904-00 MKT TERR 098 (920) 457-7781

ITEM ONE
NAMED INSURED THAI STATION

ADDRESS 1620 BERRY HILL CT
BARABOO WI 53913-1397

**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Endorsement Effective 05-15-2024

POLICY NUMBER 53-511-701-00
Company Use 61-04-WI-2108

Company Bill	POLICY TERM	
	12:01 a.m. 08-30-2023	12:01 a.m. to 08-30-2024

Entity: Limited Liability Company

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERED AUTOS AND COVERAGES

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those autos shown as covered autos. Autos are shown as covered autos for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Commercial Auto Policy next to the name of the coverage.

COVERAGES		COVERED AUTOS SYMBOLS	LIMIT OF INSURANCE FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Combined Liability		7, 19	\$1 Million each accident	\$723.27
Uninsured/Underinsured Motorist Coverage		6	Uninsured Motorist - \$1 Million each person/\$1 Million each accident	\$49.68
		6	Underinsured Motorist - \$1 Million each person/\$1 Million each accident	\$83.49
Medical Payments		7	\$5,000 each person	\$9.63
Physical Damage	Comprehensive	7	\$250 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$822.53
	Collision	7	\$500 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$713.18
	Road Trouble Service			No Coverage
	Additional Expense			No Coverage
Premium for Endorsements and Terrorism Coverage				\$12.01
ESTIMATED TOTAL PREMIUM*				\$2,413.79

* This policy may be subject to final audit.

AUTO-OWNERS INS. CO.

AGENCY HUB INTERNATIONAL MIDWEST LIMITED
23-0904-00 MKT TERR 098

Company
Bill

POLICY NUMBER
Company Use

53-511-701-00
61-04-WI-2108

NAMED INSURED THAI STATION

Term 08-30-2023 to 08-30-2024

ITEM TWO (Continued)

Endorsements That Apply To All Items: 58000 (01-15) 58001 (01-15) 58009 (01-15) 58089 (01-21) 58200 (01-15) 58524 (01-15)
58557 (03-16) 58710 (03-16) 58817 (03-16)

QUICK REFERENCE FOR COVERED AUTO DESIGNATION SYMBOLS

Refer to the Commercial Auto Policy 58001 Section I for a complete description of COVERED AUTOS and policy provisions that may apply.

1 = Any Auto

2 = Owned Autos Only

3 = Owned Private Passenger Autos Only

4 = Owned Autos Other Than Private Passenger Autos Only

5 = Owned Autos Subject to No-fault

6 = Owned Autos Subject To A Compulsory Uninsured Motorists Law

7 = Scheduled Autos Only

8 = Hired Autos Only

9 = Non-owned Autos Only

19 = Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999
AGENCY HUB INTERNATIONAL MIDWEST LIMITED
23-0904-00 MKT TERR 098 (920) 457-7781

**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Endorsement Effective 05-15-2024

POLICY NUMBER 53-511-701-00
Company Use 61-04-WI-2108

NAMED INSURED THAI STATION

ADDRESS 1620 BERRY HILL CT
BARABOO WI 53913-1397

Company Bill	POLICY TERM	
	12:01 a.m. 08-30-2023	12:01 a.m. to 08-30-2024

This policy is amended in consideration of the additional or return premium shown below. This Declarations voids and replaces all previously issued Declarations bearing the same policy number and premium term.

ITEM THREE - SCHEDULE OF COVERED AUTOS, ADDITIONAL COVERAGES AND ENDORSEMENTS

	TERRITORY	CLASS
1. 2011 FORD E350 VIN: 1FC2E3KL1BDB17925 Item Changed	069 Sauk County, WI	

COVERAGES	LIMITS	PREMIUM	CHANGE
Combined Liability	\$1Million each accident	\$723.27	\$211.19
Uninsured Motorist	\$1Million each person/\$1Million each accident	49.68	14.51
Underinsured Motorist	\$1Million each person/\$1Million each accident	83.49	24.38
Medical Payments	\$ 5,000 each person	9.63	2.81
Comprehensive	ACV not to exceed \$ 40,000 (SA) \$1,000 deductible Full Glass	822.53	
Collision	ACV not to exceed \$ 40,000 (SA) \$1,000 deductible	713.18	208.25
Terrorism Coverage		12.01	2.31
	TOTAL	\$2,413.79	\$463.45 Additional

Interested Parties: None
Additional Endorsements For This Item: 58220 (01-15) 58325 (03-16) 58326 (03-16) 58410 (03-16)

ITEM DETAILS: Cab Chassis Truck 6,001 - 10,000 GVW operated within a 100 mile radius.
CLASS (01715): Mobile Food Operations.
Vehicle Count Factor Applies.
Stated Amount (SA) - See Notice to Policyholder Stated Amount 58177 (01-15).
Rate Effective Date 10-22-2022

130 0030000

	TERM	ALL ITEMS
ESTIMATED TOTAL PREMIUM	\$2,413.79	\$463.45
PAID IN FULL DISCOUNT APPLIES		
	(THIS IS NOT A BILL)	Additional

Policy Rate Code 0000
Paid In Full Discount Applies.

Agency Code 23-0904-00

Policy Number 53-511-701-00

Auto-Owners Insurance Company
Company Number: 18988

Lansing, MI

Auto-Owners Insurance Company
Company Number: 18988

Lansing, MI

**WISCONSIN AUTOMOBILE
INSURANCE IDENTIFICATION CARD**

**WISCONSIN AUTOMOBILE
INSURANCE IDENTIFICATION CARD**

Named Insured **THAI STATION**

Named Insured **THAI STATION**

Policy Number **53-511-701-00**

Effective Date **08-30-2023** Expiration Date **08-30-2024**

Year/Make **2011 FORD E350**

VIN **1FC2E3KL1BDB17925**

Agency **HUB INTERNATIONAL MIDWEST LIMITED**

Phone **(920) 457-7781** Agency Code **23-0904-00**

Policy Number **53-511-701-00**

Effective Date **08-30-2023** Expiration Date **08-30-2024**

Year/Make **2011 FORD E350**

VIN **1FC2E3KL1BDB17925**

Agency **HUB INTERNATIONAL MIDWEST LIMITED**

Phone **(920) 457-7781** Agency Code **23-0904-00**

1. This policy meets the minimum liability limits as prescribed by Wisconsin law. The policy also conforms to meet the minimum liability limits required by any state or Canadian province in which the vehicle is operated.
2. You may be required to provide this card as your proof of insurance if you are driving in another state.
3. This card should be carried in your vehicle at all times.

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

1. This policy meets the minimum liability limits as prescribed by Wisconsin law. The policy also conforms to meet the minimum liability limits required by any state or Canadian province in which the vehicle is operated.
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89413 (2-12)

89413 (2-12)