

Fee: \$60.00 per year
01-311-4320-000

License No. _____

CITY OF WAUWATOSA
STREET VENDOR LICENSE APPLICATION
BOARD OF PUBLIC WORKS APPROVAL REQUIRED

Date 7/8/25

☒ I hereby apply for a Street Vendor License according to the provisions of Wauwatosa City Ordinance, Ch. 6.50

☐ I hereby apply for an Ice Cream Street Vendor License according to the provisions of Wauwatosa City Ordinance Ch.6.100

Name of Applicant (print) Corrie Gattlin Date of Birth [REDACTED]

Address 2660 E 32nd St Ste 101 City Joplin State MO Zip 64804

Home Phone (417) 231-3015 Prior Address (within 2 years) _____

Trade / Business Name Homestead Steaks DBA Essential Foods

Business Address 2660 E 32nd St Ste 101 Joplin MO 64804 Business Phone (417) 231-3015

Type of Merchandise USDA prepackaged frozen meats Specific Location of Sale (see notes below) Mayfair Mall Parking lot

Type of Vehicle or Structure (see notes below) refrigerated box truck (26 ft)

Date(s) of Sale 8/1/25 - 8/5/25 Hours of Operation 10am-7pm # of Employees 1

Premises where merchandise is stored Mayfair Mall parking lot

Have you been convicted of violating any law substantially related to street vending within the past 5 years? No

If so, where? NA Charge NA

Have you previously applied for this type of license in Wauwatosa? Yes When? 2024 Granted? Yes

Driver's License # [REDACTED] Issued by State of [REDACTED]

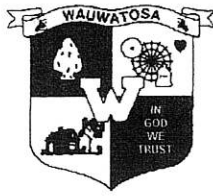
I understand that my license is non-assignable and must be carried with me at all times. I hereby certify that all of the answers to the above questions are true and correct.

Signature of Applicant [Signature]

Notes:

- Parking Lots: If planning to use a parking lot, please attach a detailed diagram giving all pertinent dimensions. Indicate total parking spaces and any parking spaces that would be displaced.
- Setbacks: No sales are permitted in front yard or side yard setbacks without approval of the Board of Zoning Appeals.
- Tents: If planning to use a tent, please contact the Wauwatosa Fire Inspection Bureau, 414-471-8457.
- Ice Cream Vending Vehicles: Ice cream vending vehicles are prohibited from stopping, standing, or parking to sell their products within fifteen feet, either in front or behind any other parked vehicle. The ice cream vehicle vendor must leave adequate sight distance at all times between his/her vehicle and any potentially view-blocking object (Sec. 6.100.020 of City Ordinance).
- Liability Insurance: The Board of Public Works may require the applicant to obtain and furnish evidence of liability insurance in an amount and form determined appropriate by the Board (Sec. 6.50.050 of City Ordinance).

Copy: Police Dept., Fire Dept.



CITY OF WAUWATOSA
7725 WEST NORTH AVENUE
WAUWATOSA, WI 53213
Telephone: (414) 479-8917
Fax: (414) 479-8989
www.wauwatosa.net



STREET VENDOR PERMIT

The Wauwatosa Board of Public Works has approved an application for a Street Vendor Permit according to the provisions of Wauwatosa City Ordinance, Chapter 6.50.070: no person, firm or corporation shall sell any merchandise from any parking lot unless first authorized by the board of public works. Authorization may be granted only upon the board finding all of the following:

1. That the parking lot in which the proposed sale is to take place is accessory to a structure and the merchandise to be sold is substantially related to the permitted use of the structure served by the parking lot;
2. That operation of the conditional use will not be detrimental to or endanger the public health, safety, morals, comfort or general welfare;
3. That adequate measures will be taken to provide ingress and egress so as to minimize traffic congestion in the public streets;
4. That the uses, values and enjoyment of other property in the neighborhood for purposes already permitted shall be in no foreseeable manner substantially impaired or diminished by the proposed sale.

Permit Approved for:

Corrie Gatlin d/b/a Homestead Steaks LLC
Sale of USDA prepackaged frozen meats
Mayfair Mall parking lot
2500 N Mayfair Road
Mon-Fri 10:00 AM – 7:00 PM
Sat 9:00 AM – 7:00 PM
Sun 11:00 AM – 6:00 PM
May 15, 2024 – June 9, 2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/07/2025

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 Kraft Insurance Services PO BOX 2667 2701 Bird Ave Joplin MO 64803-2667	CONTACT NAME: Shelly Kraft PHONE (A/C, No, Ext): (417) 624-6565 E-MAIL ADDRESS: skraft@kraftins.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: INSURER C: AIG Specialty Ins Co INSURER D: INSURER E: RLI INSURER F:	NAIC # 41297 26883 13056
INSURED Homestead Steaks LLC, Premier MidwestBeef LLC, Midwest Best Choice Dist LLC 2660 E. 32nd St Ste.101 Joplin MO 64804		

COVERAGES **CERTIFICATE NUMBER:** HOME2507071543357 **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"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CPS8213824	05/18/2025	05/18/2026	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 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			927BE10034	05/18/2025	05/18/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						
E	BOND- City of Peru IL			LSM5006874	06/25/2025	06/25/2026	5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Wauwatosa 7725 W North Ave Wauwatosa WI 53213	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 Randal Kraft
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