

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

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

License No. \_\_\_\_\_

FEB 24 2025

City Clerk's Office

Date 2-24-25

☒ 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) Collette Hope Sprague Date of Birth [REDACTED]

Address 7837 Mary Ellen Pl City Wauwatosa State WI Zip 53213

Home Phone 414 477-8066 Prior Address (within 2 years) W375 S 4965 E PROKLYD RD  
Dousman, WI 53118

Trade / Business Name Peony & Thistle

Business Address 7837 Mary Ellen Place Business Phone 414-477-9898  
Wauwatosa

Type of Merchandise Flowers Specific Location of Sale (see notes below) City of Wauwatosa

Type of Vehicle or Structure (see notes below) 1971 VW

Date(s) of Sale April 2025 - November 2025 Hours of Operation 12 - 7/8pm # of Employees 1-me

Premises where merchandise is stored 7837 Mary Ellen Pl, Wauwatosa  
in truck

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

If so, where? \_\_\_\_\_ Charge \_\_\_\_\_

Have you previously applied for this type of license in Wauwatosa? no When? \_\_\_\_\_ Granted? \_\_\_\_\_

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

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:

- A. 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.
- B. Setbacks: No sales are permitted in front yard or side yard setbacks without approval of the Board of Zoning Appeals.
- C. Tents: If planning to use a tent, please contact the Wauwatosa Fire Inspection Bureau, 414-471-8457.
- D. 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).
- E. 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.

Wauwatosa City Clerk's Office, 7725 W. North Avenue, Wauwatosa, WI 53213, 414-479-8917, fax 414-479-8989

5/2016

Reony & Thistle  
owner

Hope Sprague

I plan to go  
and sell where  
invited -

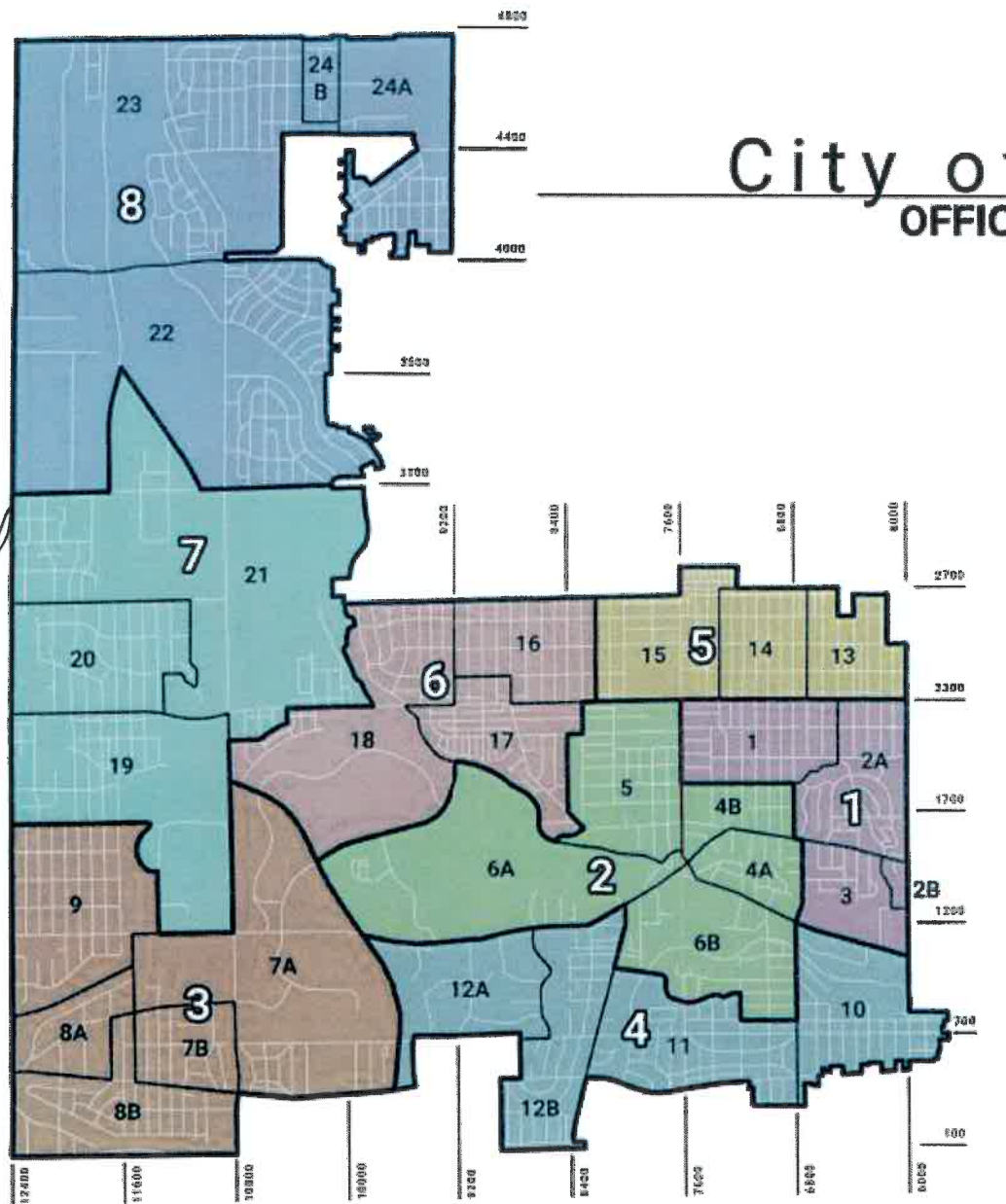
Places I've  
Been ~~not~~ invited  
already...

- 8334 = North Ave.
  - 7300 Chestnut St
  - 8932 = North Ave
- Village of Wauwatosa

I am working  
<sup>more</sup> on bookings

now -

my Season is from April - November - I plan to be  
out 2x month





**Erie  
Insurance**

# CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY)  
2/24/25

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000  
Toll free 1.800.458.0811 • Fax 814.870.3126 • erieinsurance.com

NAME AND ADDRESS OF AGENCY <b>TOSA INSURANCE AGENCY LLC</b> 7206 W NORTH AVE WAUWATOSA, WI 53213  (414)454-8672	AGENT'S NO. <b>VVW1043</b>	COMPANY(IES) AFFORDING COVERAGE	
		Co.: C	ERIE INSURANCE COMPANY
		Co.: D	ERIE INSURANCE PROPERTY & CASUALTY COMPANY
		Co.: E	ERIE INSURANCE EXCHANGE Erie Indemnity Co., Attorney-in-Fact (Not Applicable) in NY
		Co.: F	ERIE INSURANCE COMPANY OF NEW YORK
		Co.: G	FLAGSHIP CITY INSURANCE COMPANY

NAME AND ADDRESS OF NAMED INSURED  <b>Peony and Thistle Custom</b> 7837 Mary Ellen Pl Wauwatosa, WI 53213	<p>This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.</p> <p>Preparing, issuing, requesting, or requiring this certificate of insurance be altered to include false or misleading information, to purport to modify coverage provided by the underlying policy or alter terms and conditions of notice requirements, may be an unfair marketing practice in violation of s. 628.34(14), Wis. Stats.</p>
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.																
CO. (Add'l Ltr. Ind'd)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS											
C <input type="checkbox"/>	<input checked="" type="checkbox"/> <b>GENERAL LIABILITY</b>	Q61 0452834	9/3/24	9/3/25	<b>EACH OCCURRENCE</b> \$ 1,000,000											
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>				<b>FIRE DAMAGE (Any One Fire)</b> \$ 1,000,000											
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				<b>MED EXP (Any One Person)</b> \$ 5,000											
	<input type="checkbox"/>				<b>PERSONAL &amp; ADV. INJURY</b> \$ 1,000,000											
	<input type="checkbox"/>				<b>GENERAL AGGREGATE</b> \$ 2,000,000											
	<input type="checkbox"/>				<b>PRODUCTS-COMP/OP AGG</b> \$ 2,000,000											
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC																
<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>				<b>BODILY INJURY (EACH PERSON)</b> \$											
	<input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED)				<b>BODILY INJURY (EACH ACCIDENT)</b> \$											
	<input type="checkbox"/> OWNED				<b>PROPERTY DAMAGE</b> \$											
	<input type="checkbox"/> HIRED				<b>BODILY INJURY AND PROPERTY DAMAGE COMBINED</b> \$											
	<input type="checkbox"/> NON-OWNED															
	<input type="checkbox"/> GARAGE															
<input type="checkbox"/>	<b>EXCESS LIABILITY</b>				<b>EACH OCCURRENCE</b> \$											
	<input type="checkbox"/> OCCURRENCE				<b>AGGREGATE</b> \$											
	<input type="checkbox"/>				\$											
	<input type="checkbox"/> RETENTION \$				\$											
<b>WORKERS COMPENSATION &amp; EMPLOYERS LIABILITY</b>					<table border="1"> <tr> <th colspan="3">STATUTORY</th> </tr> <tr> <td rowspan="3">BODILY INJURY BY</td> <td>ACCIDENT</td> <td>\$</td> <td rowspan="3">EACH ACCIDENT POLICY LIMIT EACH EMPLOYEE</td> </tr> <tr> <td>DISEASE</td> <td>\$</td> </tr> <tr> <td>DISEASE</td> <td>\$</td> </tr> </table>	STATUTORY			BODILY INJURY BY	ACCIDENT	\$	EACH ACCIDENT POLICY LIMIT EACH EMPLOYEE	DISEASE	\$	DISEASE	\$
STATUTORY																
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	DISEASE	\$														
	DISEASE	\$														
<b>OTHER</b>																
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS</b>																

**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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

NAME AND ADDRESS OF CERTIFICATE HOLDER City of Wauwatosa 7725 W North Ave Wauwatosa, WI 53213	AUTHORIZED REPRESENTATIVE  <i>Joni Cox</i>
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COMPLETE NAME AND ADDRESS OF CERTIFICATE HOLDER OR ADDITIONAL INSURED:

Peony and Thistle Custom Design

Services

7837 Mary Ellen Pl

Wauwatosa

WI

53213