

**CITY OF MONTEVIDEO
APPLICATION FOR LICENSE
MOBILE FOOD TRUCKS/VENDORS**

LICENSING YEAR: 1/1/___ to 12/31/___

New: Renewal:

License Fee: \$50/unit

P.O. Box 517, Montevideo, MN 56265
320.269.6575 | 320.269.9340 (FAX)
www.montevideomn.org

Applicant Name: _____ Phone # _____

Current Address: _____

Please provide a general description of the food products to be sold: _____

Location(s)/Placement of mobile food truck: _____

Hours of sales: _____ Duration of sales: _____
(Note: Residential Districts restricted to the hours of 7:00 A.M. - 10:00 P.M.)

Driver information for applicant and all persons associated with the applicant or vendor:

Name	DOB	Driver's License #	State of Issuance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Description of Mobile Food Truck:

License Plate Number _____ State _____ Dimension(s): _____

Make _____ Model _____ Year _____ Color _____

Self-Propelled: Yes No Self-Contained Trailer: Yes No

I hereby certify that I have provided the required documentation to the City of Montevideo, as follows:

Proof of current mobile food truck licensing (check all that apply):

- Countryside Public Health
- Minnesota Department of Agriculture
- Minnesota Department of Public Health
- Other: _____

(Attach copies of certificates/forms/licenses)

- Certificate of Liability Insurance. Certificate must name the City of Montevideo as an additional insured if operating on city property.
- Proof of worker's compensation insurance, in accordance with Minnesota State Statute 176.182, or proof of exemption from this provision (form provided.)
- Tax identification information, in accordance with Minnesota Statute Statute 270C.72, Subd. 4 (Notice form provided.)

By signing this application, applicant agrees to operate in accordance with the provisions of City of Montevideo Ordinance No. 975, a copy of which is provided with this application.

Applicant also states that he/she has not falsified any information or omitted material information required by the application.

This license is not transferrable. No refunds will be made on unused portions of the license. License must be carried by the licensee or conspicuously posted in the licensee's place of business and the licensee shall be exhibited to any officer or citizen upon request.

Signature of Applicant

Date

For Office Use Only

- Copy of City Code 3-12-1 Provided to Applicant
- Required Documentation on File
- Fee Paid (\$50.00)

Approved by: _____

Printed Name/Title

Date: _____

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72)(Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales or employer's withholding taxes;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Last Name	First Name	Middle Initial
-----------------------	------------	----------------

Applicant's Address	City, State, Zip Code
---------------------	-----------------------

Applicant's Social Security No.	Position (Officer, Partner, etc.
---------------------------------	----------------------------------

Business Name

Business Address	City, State, Zip Code
------------------	-----------------------

Minnesota Tax Identification Number

Signature

Date: _____