



**MARSHALL**  
CULTIVATING THE BEST IN US

**MOBILE FOOD UNIT  
PERMIT APPLICATION**  
Limited License: \$0  
Unlimited License \$150

Name of Truck/Trailer/Cart: \_\_\_\_\_

DBA Name (if different): \_\_\_\_\_

License Plate #: \_\_\_\_\_

Truck/Trailer Size: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

MN Tax ID#: \_\_\_\_\_

Business Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*If applying for a Limited License (21 consecutive days or less) provide the requested dates of operations \_\_\_\_\_ to \_\_\_\_\_. All applicants must include a site plan that includes the location of the site(s) where the food truck/cart will set up.

**Required Submittals:**

- A copy of any related license or permit issued by the State of Minnesota Department of Health required to operate a mobile food unit.
- A Certificate of Liability Insurance
- A Certificate of Compliance Minnesota Workers' Compensation Law form.

**NOTICES AND AUTHORIZATIONS:**

No work shall be done under this permit until the insurance policies have been filed and approved by the City of Marshall. Failure to supply this information may jeopardize or delay the processing of your permit issuance or renewal application.

I hereby submit this application for a Mobile Food Unit permit in accordance with the provisions stated in the ordinances of the City of Marshall. This permit shall expire on \_\_\_\_\_, following the date of issue.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

FEE PAID _____	<b>PERMIT</b>	<b>APPROVAL</b>	Initials	Date
AMOUNT _____	DATE _____			
RECEIPT NO. _____				
CERT OF INS. REC'D _____		CITY CLERK _____		

# CONSENT FOR THE RELEASE OF INFORMATION

Date: \_\_\_\_\_

The following named individual has made application with this agency for (license type)

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Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Maiden, Alias or Former: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Sex (M or F): \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Drivers License State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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I authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall for the purpose of licensure (pursuant to Minn. Stat. § 299C.72 and/or Minn. Stat. § 340A.402).

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

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Signature of Applicant

Date

**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.**

MN LIC 04 (11/08)

Form SP:C1

Pursuant to Minnesota Statute MS 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, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

**LICENSE(S) BEING APPLIED FOR OR RENEWED:** \_\_\_\_\_

**LICENSING AUTHORITY :** \_\_\_\_\_ CITY OF MARSHALL  
(name of city, county or state agency issuing license)

**LICENSE RENEWAL DATE:** \_\_\_\_\_

**PERSONAL INFORMATION (if applicable):**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
City State Zip Code Phone Number

Social Security Number \_\_\_\_\_

**BUSINESS INFORMATION (if applicable):**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Street Address  
City State Zip Code

Phone Number: \_\_\_\_\_

Minnesota Tax Identification \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

**If a Minnesota Tax Identification Number is not required, please explain on the reverse side.**

\_\_\_\_\_  
Position (Officer, Partner, etc.) Date Signature

# Mobile Food Unit Consent for Operations within the Public Right of Way

I, \_\_\_\_\_, business owner/manager of,  
(Name)

\_\_\_\_\_, consent to \_\_\_\_\_, a  
(Business Name) (Mobile Food Vendor Name)

mobile food unit/ mobile food cart to operate adjacent to the public entrance to this business during business hours for a determined period of time.

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I, \_\_\_\_\_, business owner/manager of,  
(Name)

\_\_\_\_\_, consent to \_\_\_\_\_, a  
(Business Name) (Mobile Food Vendor Name)

mobile food unit/ mobile food cart to operate adjacent to or within 100 feet to the public entrance to this restaurant and/or any portion of this restaurant's outdoor dining area during this restaurant's hours of operation for a determined period of time.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Business Owner/Manager

Date