



Application for Food Truck License

Please complete legibly using ink.

New _____ Renewal _____

Name of applicant: _____ Age: _____
First Middle Last

Business name: _____

Description of food and/or drink to be dispensed: _____

Present address: _____

Length of time at present address: _____ Country of citizenship: _____

Other addresses for the last two years: _____

Daytime phone #: _____ E-mail: _____

Present occupation and employer: _____

Length of time employed at present employer: _____

Names and addresses of previous employers, if any, for the last two years:

Federal Tax ID #: _____ State Tax ID #: _____

If you do not have a Federal or State Tax ID #, you must provide your Social Security #:

_____-_____-_____

Please provide 3 character-references who are not relatives:

Name Address Phone #

1. _____

2. _____

3. _____

Have you ever been convicted of a felony, gross misdemeanor or misdemeanor, including violation of a municipal ordinance but excluding traffic violations?

Yes _____ No _____ If, yes, please list the date(s) and place(s) of conviction and the nature of the offense(s): _____

The following items MUST be completed and/or accompany this application:

- 1) License fee payment of \$_____
- 2) Certificate of Compliance, Minnesota Workers' Compensation Law
- 3) Signed Indemnification Agreement
- 4) Copy of the license issued by the State of Minnesota Department of Health or Agriculture
- 5) Signed Release for background investigation and signed "Tennessee Warning"
- 6) Proof of Auto Insurance Coverage (if applicable)
- 7) Photocopy of valid driver's license(s) for ALL operators of the Food Truck

Return all documentation with payment to: City Administrator, City of Goodview, 4140 W 5th Street, Goodview, MN 55987. **NOTE: Make checks payable to the City of Goodview**

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and that the City of Goodview may rely on the accuracy of such information provided in determining whether a license should be issued.

I have received a copy of Goodview City Ordinance No. 2016-01 and agree to abide by the regulations set forth therein.

Signature of Applicant Date

For office use only:

Amount paid \$_____ Cash Check _____ Card _____

Date of City Approval: _____ License Number: _____

Date License Sent: _____ Date License Expires: _____