



City Clerk's Office
 221 East Clark Street
 Albert Lea, MN 56007-2496
 Phone: 507-377-4335
 dmaras@ci.albertlea.mn.us

LICENSE APPLICATION
Mobile Food Trucks/Vendors

Fee: \$75.00

Applicant:

Legal Name: First _____ Middle _____ Last _____

Street Address: _____ City _____ State _____ Zip Code: _____

Primary Phone _____ Alt. Phone _____ Email _____

Mailing Address (where future correspondence should be sent):

Street Address _____ City _____ State _____ Zip Code: _____

Business:

Business Name: _____

Business Address: _____ City _____ State _____ Zip Code: _____

Phone _____ Email _____ Website _____

List all other names under which you conduct business (legal names, mobile food unit signage, parent companies DBA, etc.)

The undersigned hereby agrees to comply with the laws of the State of Minnesota and the Albert Lea City Code as they relate to the licensing and operation of licenses being applied for. I understand that falsification of any part of this application is cause for denial or revocation.

Applicant/Licensee Signature _____ Date _____

Title (if signing on behalf of an organization) _____ Date _____

*If you have any questions, please contact City Clerk Daphney Maras at (507) 377-4335 or email at dmaras@ci.albertlea.mn.us

Description of Mobile Food Truck

Mobile Food Truck Vehicle Information (Please provide a picture of Mobile Food Truck or Trailer being used)

License Plate Number _____ State _____ Color _____

Make _____ Model _____ Year _____

Do you provide catering services YES or NO

I hereby certified that I have provided the required documentation to the City of Albert Lea as follows:

- City of Albert Lea Application
- Certificate of Liability Insurance, naming the City as an additional insured.
- Current Licensing by: (check all that apply)

- Minnesota Department of Agriculture

- Minnesota Department of Health

Applicant/Licensee Signature _____ Date _____

(FOR OFFICE USE ONLY)

Date Received _____ Date of Approval _____

Circle one: Check # _____

Cash

Credit Card