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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:	Middle	Last	
Logar Namo. 1 not	windio		
Street Address:	City	State	Zip Code:
Primary Phone	Alt. Phone	Ema	ail
Mailing Address (where f	uture correspondence should	d be sent):	
Street Address	City	State	_Zip Code:
Business: Business Name:			
Business Address:	City	State	Zip Code:
Phone	Email	Website	
List all other names und parent companies DBA	der which you conduct busi , etc.)	ness (legal names, m	nobile food unit signage,
City Code as they relate	agrees to comply with the la to the licensing and operat art of this application is caus	tion of licenses being	applied for. I understand
Applicant/Licensee Signa	ature	C	Date
Title (if signing on behalf	of an organization)		ate
*If you have any question	ns, please contact City Clerk	Daphney Maras at (50	7) 377-4335 or email at

## **Description of Mobile Food Truck**

<b>Mobile Food Truck Vehicle Information</b> (Please provide a picture of Mobile Food Truck or Trailer					
being used)					
License Plate Number		State	Color		
		Model	Year		
Do you provi	ide catering services	□YES or □NO			
I hereby certi	ified that I have provided	the required documentation to	the City of Albert Lea as follows:		
☐ Cit	y of Albert Lea Application	on			
	·	nce, naming the City as an add	litional insured.		
□ Cu	rrent Licensing by: (chec	k all that apply)			
	☐ Minnesota Depar	tment of Agriculture			
	☐ Minnesota Depar	tment of Health			
Applicant/Licensee Signature			Date		
		(FOR OFFICE USE ONLY)			
		(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Date Receive	ed	Date of Appr	oval		
Circle one:	Check #				
	Cash				
	Credit Card				



## RIGHTS OF SUBJECTS OF GOVERNMENT DATA 'TENNESSEN WARNING'

In accordance with the Minnesota Government Data Practices Act, the City of Albert Lea is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; private information is that information which is available to you, not to the general public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

<u>Public</u> – name and address of applicant(s) Private – all other information collected on the application

The information collected and required from you is to determine your eligibility for a City of Albert Lea license. If you do not supply the required information, the City of Albert Lea will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of regulatory licenses. Persons or agencies with whom this information may be shared include:

- City of Albert Lea departmental personnel involved in determining your eligibility for a license or administering the program in connection with which the application is submitted.
- Freeborn County departmental personnel involved in the program.
- City Council members (only that information needed to approve the application for a license).
- Federal, State, County, and local and contracted public auditors.
- Law enforcement personnel in the cases of suspected fraud related to the application or license.
- Those individuals or agencies to which you give your express written permission.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of the data maintained on you.
- The right to be told the contents and meaning of the data.
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the City MN 56007-2496.	Manager's Office, 221 East Clark Street, Albert Lea
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I HAVE READ AND UNDERSTAND THE AS A SUBJECT OF GOVERNMENT DATA	ABOVE INFORMATION REGARDING MY RIGHTS A.
Signature	Date
 Title	Business Name or Individual's Name