



221 E. Clark Street  
 Albert Lea, MN 56007  
 (507) 377-4335

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## City of Albert Lea FOOD VENDOR APPLICATION (Pursuant to City Code Section 22-580 to 22-590)

Application Type (choose one)	
<input type="checkbox"/> Mobile Food Cart \$250.00 <input type="checkbox"/> Mobile Food Vehicle \$250.00 <input type="checkbox"/> Vegetable Stand \$25.00	Date of Application _____

Applicant Information		
Legal Corporate Name of Business	Trade Name (DBA)	Business Telephone Number
Name of Person Completing Application	Title	Telephone Number
E-mail Address	Fax Number	Cell Phone Number
MN Sales Tax ID Number, Social Security #, or Individual Tax ID #:		
This is a new business: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state other communities this business has operated:	
Licensed Kitchen Address	City	State                      Zip Code
Name of Manager	Home address	Date of birth
Type of ownership: <input type="checkbox"/> sole proprietor <input type="checkbox"/> corporation <input type="checkbox"/> LLC <input type="checkbox"/> partnership <input type="checkbox"/> non-profit		
Date of incorporation (mm/dd/yy): _____ State of incorporation (mm/dd/yy): _____		

List All Owners, Partners and Corporate Members (Attach additional sheet if necessary)			
Full Name: First, Middle Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Have any of the above people been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide (or attach) dates and conviction specifics.			

<b>Business Information</b>		
Describe in detail the principal products being sold as well as the proposed location and hours of sale:		
List all licenses obtained from the State of Minnesota and provide copies with this application:		
Have you ever had a business license denied or revoked by another government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, indicate date of denial/revocation, government agency and reason for denial or revocation.		
Workers' Compensation Company	Policy Number	Dates of Coverage
-----Or-----		
I certify that I am not required to carry workers' compensation insurance because: <input type="checkbox"/> I am self insured. <input type="checkbox"/> I am the sole proprietor and I have no employees. <input type="checkbox"/> I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by state are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.		
<b>REGARDLESS OF WORKERS' COMPENSATION COVERAGE, A CERTIFICATE OF INSURANCE NAMING THE CITY OF ALBERT LEA AS AN ADDITIONAL INSURED FOR LIABILITY MUST BE ATTACHED TO THIS APPLICATION</b>		

<b>Reference Information (continued)</b>		
List last (up to three (3)) previous city(ies) where you carried on same activity (immediately preceding today's date):		
_____	_____	_____ to _____
<i>City</i>	<i>State</i>	<i>Date(s) of Activity</i>
_____	_____	_____ to _____
<i>City</i>	<i>State</i>	<i>Date(s) of Activity</i>
_____	_____	_____ to _____
<i>City</i>	<i>State</i>	<i>Date(s) of Activity</i>

<b>Reference Information (continued)</b>			
Provide two names for character references:			
_____	_____		
<i>Name</i>	<i>Phone Number</i>		
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____		
<i>Name</i>	<i>Phone Number</i>		
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Checklist (all items must be checked "yes" in order for the application to be processed)

The following items need to be completed and/or attached in order for the application to be processed:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| State of Minnesota license(s):               | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Certificate of insurance:                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Application completed in full and signed:    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Application fee paid in full:                | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Release of Information completed and signed: | <input type="checkbox"/> yes | <input type="checkbox"/> no |

I hereby certify that the application is true, correct, and accurate. By signing below, I agree that any person operating as a food vendor under this application will fully comply with all provisions of Albert Lea City Code. I fully understand that any person who violates any provision of the Food Vendor Ordinance Section 22-580 to 22-590 is guilty of a misdemeanor and are grounds for the suspension or revocation of the food vendor license in accordance with Section 22-588 of the Albert Lea City Code.

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

***NOTE: All applications must be considered and approved by the Albert Lea City Council. Upon approval by the City Council, a license will be issued to the applicant.***

## Release of Information Form

*As an applicant for a permit from the City of Albert Lea, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.*

I hereby release the agency with which I am seeking an application for a license, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information <i>(Please Print)</i>			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i> <i>Zip</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License Number:	_____		

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

