



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

LICENSE APPLICATION
One-Day Food Vendor
 Permit \$25.00

PLEASE TYPE OR PRINT LEGIBLY

Applicant:

Owner's Full Name: _____

Home Address: _____

City, State, Zip Code: _____

Telephone Number (Daytime): _____

Driver's License # _____

Email address: _____

Trade Name: _____

Trade Address *if different from owner:* _____

City, State, Zip Code: _____

Trade Name Telephone Number (Daytime): _____

Federal ID# _____ MN ID# _____

NAME AND ADDRESS OF WHERE YOU WILL BE LOCATED:

DATE FOR USE OF THIS PERMIT: _____

State of Minnesota) County of Freeborn) ss. City of Albert Lea)

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.

OWNER'S SIGNATURE: _____ **TODAY'S DATE:** _____

Office Use

Date Received: _____

Processor Initials: _____

Fee Received: _____

Cash/Check/CC _____

Insurance Certificate _____

MN Dept. of Health Certificate: _____