



City Clerk's Office  
 221 East Clark Street  
 Albert Lea, MN 56007-2496  
 Telephone: 507-377-4335  
 Fax: 507-377-4302

**LICENSE APPLICATION**  
*One-Day Food Vendor*  
 Permit \$25.00

*Please Type or Print Legibly*

**Applicant:**

Full Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
 Home Telephone Number (Daytime): \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Email address \_\_\_\_\_

**Trade Name:**

Trade Name: \_\_\_\_\_  
 Trade Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
 Trade Name Telephone Number (Daytime): \_\_\_\_\_  
 Federal ID# \_\_\_\_\_ MN ID# \_\_\_\_\_

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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.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Office Use

Date Received: \_\_\_\_\_

Processor Initials: \_\_\_\_\_

Fee Received: \_\_\_\_\_ for \_\_\_\_\_

Cash/Check/CC \_\_\_\_\_

Insurance Certificate \_\_\_\_\_

MN Dept. of Health Certificate: \_\_\_\_\_

Council Approval: \_\_\_\_\_