

Return completed form to:

City Clerk's Office

City of Albert Lea

221 E. Clark St., Albert Lea, MN 56007
507-377-4335

LICENSE APPLICATION

Mobile food trucks/vendors

Fee: \$75.00

## Please type or print legibly

dmaras@ci.albertlea.mn.us (call to arrange payment)

Applicant:	
Full name	
Home address	city, state, zip code
Home telephone number (daytime) _	
Email address	
Business:	
Business name	
Business address	city, state, zip code
Business telephone number (daytime)	
Minnesota Tax ID number	or Federal Tax ID number
companies DBA, etc.)	u conduct business (legal names, mobile food unit signage, parent
* * * * * * * * * * * * * * * * * * *	: * * * * * * * * * * * * * * * * * * *
THE ALBERT LEA CITY CODE AS	EES TO COMPLY WITH THE LAWS OF THE STATE OF MINNESOTA AND THEY RELATE TO THE LICENSING AND OPERATION OF LICENSES TAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION IS ION.
Signature	Date

## Description of mobile food truck

Mobile Food Truck Vehicle Information (Please	provide a picture of mobile	e food truck or trailer being used)
License Plate Number	State	Color
Make	Model	Year
Do you provide catering services $\square$ YES or	□NO	
<ul> <li>I hereby certified that I have provided the required d</li> <li>City of Albert Lea Application</li> <li>Certificate of liability insurance, naming to</li> </ul>	·	
Current licensing by: (check all that apple)	•	
☐ Minnesota Department of A	griculture	
☐ Minnesota Department of He	ealth	
Applicant/licensee signature	Date	
FOR OFFICE USE		
Date received	Check nu	mber/cash/CC
Fee received	City Cour	ncil approval date
Processor initials		



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## **INDEMNITY AGREEMENT**

AGREEMENT made thisday	of, by and between the
City of Albert Lea, Minnesota herein referred to a, herein ref	es "the City" and ferred to as "the Licensee".
	nd deliver to the City Clerk, on a form prescribed by the City nolding City harmless for any person injury or property ness.
NOW, THEREFORE, in consideration of	the foregoing, the parties hereto agree as follows:
defend, and hold harmless the City against any a judgments, including reasonable attorney's fees, matters, for death or injuries to persons or for los	ns of this indemnity agreement, licensee shall indemnify, and all claims, demands, causes of action, suits or costs and expenses incurred in connection with such as of or damage to property arising out of or in connection or any of their agents, contractors or employees of said by.
2. Indemnity under this agreement so of Albert Lea.	hall commence as of the date of the agreement by the City
<ol> <li>The City agrees to notify licensee</li> <li>Notice of any indemnified claim.</li> <li>IN WITNESS WHEREOF, the parties her</li> </ol>	in writing within thirty (30) days of the receipt By the City of eto have executed this Agreement.
APPLICANT/LICENSEE	CITY OF ALBERT LEA, MINNESOTA
	By: Its: Mayor
	By: Its: City Clerk



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## 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) <u>Private</u> – 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 Manager's Office, 221 East Clark Street, Albert Lea, MN 56007-2496.

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I HAVE READ AND UNDI SUBJECT OF GOVERNM	RSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A NT DATA.
Signature	Date
 Title	Business Name or Individual's Name