Return completed form to:
City Clerk's Office
City of Albert Lea
221 E. Clark St., Albert Lea, MN 56007
507-377-4335
dmaras@ci.albertlea.mn.us (call to arrange payment)

LICENSE APPLICATION
Mobile Carts and Mobile Vehicles
Fee: $75.00

Please type or print legibly

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 ______________________

List all other names under which you conduct business (legal names, mobile food unit signage, parent companies DBA, etc.)

____

____

* *

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 ______________________

Description of mobile food truck

Mobile Food Truck Vehicle Information (Please provide a picture of mobile food truck or trailer being used)

License Plate Number _____ State _____ Color_____

Make _____ Model _____ Year _____

Do you provide catering services YES or ☐ NO

I hereby certified that I have provided the required documentation to the City of Albert Lea as follows:

- City of Albert Lea Application
- Certificate of liability insurance, naming the City as an additional insured
- Current licensing by: (check all that apply)

  ☐ Minnesota Department of Agriculture

  ☐ Minnesota Department of Health

Applicant/licensee signature _____ Date_____

FOR OFFICE USE

Date received_____ Check number/cash/CC _____

Fee received _____ City Council approval date _____

Processor initials _____

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INDEMNITY AGREEMENT

AGREEMENT made this_____day of_____, _____ by and between the City of Albert Lea, Minnesota herein referred to as "the City" and _____, herein referred to as "the Licensee".

WHEREAS, the licensee shall execute and deliver to the City Clerk, on a form prescribed by the City for said purpose, an indemnification agreement holding City harmless for any person injury or property damage resulting from the operation of said business.

NOW, THEREFORE, in consideration of the foregoing, the parties hereto agree as follows:

1. Subject to the terms and conditions of this indemnity agreement, licensee shall indemnify, defend, and hold harmless the City against any and all claims, demands, causes of action, suits or judgments, including reasonable attorney's fees, costs and expenses incurred in connection with such matters, for death or injuries to persons or for loss of or damage to property arising out of or in connection with the operation and maintenance by licensee or any of their agents, contractors or employees of said business within the public right of ways of the City.

2. Indemnity under this agreement shall commence as of the date of the agreement by the City of Albert Lea.

3. The City agrees to notify licensee in writing within thirty (30) days of the receipt By the City of Notice of any indemnified claim.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

APPLICANT/LICENSEE

_____
Signature

CITY OF ALBERT LEA, MINNESOTA

By:_____
Its: Mayor

By:_____
Its: City Clerk

Return completed form to:
City Clerk's Office
City of Albert Lea
221 E. Clark St., Albert Lea, MN 56007
507-377-4335
dmaras@ci.albertlea.mn.us

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:

Public – 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 Manager's Office, 221 East Clark Street, Albert Lea, MN 56007-2496.

* *

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

_____	_____
Signature	Date
_____	_____
Title	Business Name or Individual's Name