



# City of Zimmerman

12980 Fremont Avenue  
Zimmerman, MN 55398

Telephone 763-856-4666 \* Fax 763-856-4787  
www.zimmerman.govoffice.com

## APPLICATION FOR MOBILE FOOD UNIT LICENSE

### Applicant will supply the following AT TIME OF APPLICATION:

- APPLICATION FEE: \$200.00
- MN DEPT OF HEALTH / AGRICULTURE LICENSE
- COPY OF DRIVERS LICENSE(S)
- CERTIFICATE OF INSURANCE

DATE OF APPLICATION: \_\_\_\_\_ MN Bus ID #, Federal ID, or ITIN: \_\_\_\_\_

APPLICANT INFORMATION

APPLICANT'S NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_ BUS. PHONE NUMBER: \_\_\_\_\_

APPLICANTS EMAIL: \_\_\_\_\_

VEHICLE INFORMATION: MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

YOU MUST ATTACH A CERTIFICATE OF INSURANCE PER CITY CODE. *\*\*The City of Zimmerman must be listed as additional insured if vending on any City property. Detailed requirement information listed on page 3 of application.*

ATTACHED? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ARE YOU LICENSED BY THE MN DEPT. OF HEALTH OR AGRICULTURE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

*\*\*If yes, you must supply a copy of your license.*

EMPLOYER INFORMATION

NAME OF EMPLOYER or SUPPLIER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

EMPLOYER'S PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION INFORMATION

NAME OF PROPERTY OWNER WHERE GOODS WILL BE SOLD: \_\_\_\_\_

PROPERTY OWNER MAILING ADDRESS: \_\_\_\_\_

PROPERTY OWNER PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

PROPERTY OWNER EMAIL: \_\_\_\_\_

As Property owner or authorized agent, I hereby agree to, and allow the Applicant mentioned above to conduct business only as described in this completed application.

**PROPERTY OWNER SIGNATURE REQUIRED:**

\_\_\_\_\_

PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS: \_\_\_\_\_  
\_\_\_\_\_

PRODUCT OR GOODS TO BE SOLD: \_\_\_\_\_  
\_\_\_\_\_

**HOURS AND DURATION OF SALES**

*\*\*Mobile Food Units shall be regulated by the MN Dept. of Health/Agriculture Licensing. Hours of operations in the City of Zimmerman is regulated by Zimmerman City Code Section 7.017, Subd. 7.1.*

HOURS YOU ARE REQUESTING TO OPERATE: \_\_\_\_\_

TIME PERIOD IN WHICH THE APPLICANT WILL BE OPERATING:  
(MM/DD/YYYY) \_\_\_\_\_ TO \_\_\_\_\_

WHAT IS THE SOURCE OF SUPPLY OF THE GOODS OR PROPERTY PROPOSED TO BE SOLD?  
\_\_\_\_\_  
\_\_\_\_\_

THE GOODS OR PROPERTY PROPOSED TO BE SOLD ARE CURRENTLY LOCATED AT THE FOLLOWING LOCATION:  
\_\_\_\_\_  
\_\_\_\_\_

THE PROPOSED METHOD OF DELIVERY OF THE GOODS OR PROPERTY IS: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS LICENSES HELD *\*\*Please list the past three municipalities you held a license for operating a Mobile Food Unit. Please list the city, state, and dates worked.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

HAS THE APPLICANT BEEN CONVICTED OF ANY FELONIES OR GROSS MISDEMEANORS, OR ANY CRIMES OF THEFT OR THE ISSUANCE OF A WORTHLESS CHECK WITHIN THE TEN MOST RECENT YEARS?

YES: \_\_\_\_ NO: \_\_\_\_

IF YES, PLEASE EXPLAIN THE NATURE OF THE CRIME OR CRIMES OF WHICH YOU HAVE BEEN CONVICTED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS THE APPLICANT TAKEN ADVANTAGE OF ANY STATE OR FEDERAL BANKRUPTCY OR INSOLVENCY LAW OR PROCEEDING AS A BANKRUPT DEBTOR WITHIN THE TEN MOST RECENT YEARS?

YES: \_\_\_\_ NO: \_\_\_\_

IF YES, PLEASE EXPLAIN THE NATURE OF THE SITUATION.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notice to Applicant:**

In the course of your application for a license under the City of Zimmerman's general licensing requirements, you may be asked to supply non-public data. The purpose and intended use of this data is to provide a means for the City to evaluate whether you comply with the application requirements for the general license application. You may refuse to supply the requested data, but this may result in an incomplete application which may result in your application being denied. This non-public data may be reviewed by the City of Zimmerman, employees of the City of Zimmerman who are assigned to review such information, and the City of Zimmerman's legal counsel. In addition, this data may be reviewed by the specific Board and subcommittees of the City of Zimmerman, who assist the City in evaluating your application. You hereby agree to release the data to those Boards and subcommittees for the purpose of effectuating that review.

Failure to complete, supply, or falsify any or all information contained within this application will result in a delay, denial or revocation of your license and/or application.

The undersigned understands and consents to the release and use of private or confidential data, as directed above. Also, the undersigned does hereby agree to defend, indemnify, and hold harmless, the City of Zimmerman, its officers, employees, and agents, for any and all claims, causes of action, lawsuits, losses or expenses, including reasonable attorney's fees and costs, on account of bodily injury, sickness, disease, death, and property damage as a result of any action of the undersigned.

**APPROVED APPLICANTS WILL BE NOTIFIED BY EMAIL UNLESS REQUESTED OTHERWISE.**

**\*\*Issued licenses shall Expire December 31 of each year\*\***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Date Submitted:	Insurance Certificate	Applicants must provide a CERTIFICATE OF INSURANCE *general policy of liability insurance which shall provide a limit of coverage of not less than three hundred thousand dollars/one hundred thousand dollars (\$300,000/\$100,000) for bodily injury and twenty-five thousand dollars (\$25,000) for property damage. City of Zimmerman must be listed as Certificate Holder. *If vending is occurring on City owned property (streets, right-of-way, parks, etc) the City must be listed as Coinsured (additional insured) on the policy.
Date Submitted:	Copy of State Licensing	Applicants must provide proof of the State Department of Health or Agriculture Approved license. A copy of the license can be hand delivered or emailed.
Is a Noise Permit Required? Yes ___ No ___	Noise Permit	Section 7.0171, Subd. 6 Regulates Sound Devices. No person operating a Mobile Food Unit shall shout, make any cry out, blow a horn, ring a bell or use any sound device, including any loud speaking radio or sound amplifying system upon any property, or upon any private premises in the City where sound of sufficient volume is emitted or produced therefrom to be capable of being plainly heard upon public property, for the purpose of attracting attention to any goods, ware or merchandise which such permittee proposes to sell, <b>unless prior approval with conditions is received from the City.</b>
Date:	Notice to City Council	Formal Notice of Office Approval provided to City Council.
Date Received: _____ Received by: _____ PAID: cash _____ check # _____ Receipt #: _____		

\_\_\_\_\_  
Kary Tillmann, Clerk/Treasurer

\_\_\_\_\_  
Date