



City of St. Joseph
Application for Mobile Food Vendor

APPLICANT INFORMATION:

Name (s): _____ Date: _____

Address: _____

Phone Number (s): _____

Email Address: _____

INFORMATION ON BUSINESS OWNER (if different from Applicant):

Business Owner: _____

Address: _____

Telephone: _____ Email: _____

Minnesota Sales Tax ID Number: _____ Federal Tax ID Number: _____

Primary Vending Site Address/Location Description: _____

Hours and Days of Operation: _____

Describe the Principal Products Rendered: _____

VEHICLE INFORMATION:

Year/Make/Model of Vehicle Used: _____

VIN Number: _____ License Plate Number: _____

PLEASE INITIAL THE FOLLOWING STATEMENTS:

_____ I HAVE ATTACHED A CURRENT MN DEPARTMENT OF HEALTH CERTIFICATE (if needed)

_____ I HAVE ATTACHED A CURRENT MN DEPARTMENT OF HEALTH FOOD MANAGER CERTIFICATION

_____ REQUIRED – I HAVE ATTACHED A CURRENT STEARNS COUNTY HEALTH CERTIFICATE AND FOOD ESTABLISHMENT CERTIFICATE

_____ REQUIRED - * I HAVE ATTACHED LETTERS OF CONSENT FOR LOCATING ON PUBLIC OR PRIVATE PROPERTY

- ❖ You will need to obtain permission by the City in order to park in public parking areas including City Parks.

_____ REQUIRED – I HAVE ATTACHED ALL INSURANCE CERTIFICATES (VEHICLE AND LIABILITY)

_____ REQUIRED – I HAVE READ AND WILL OBEY ALL RULES AND REGULATIONS RELATING TO MOBILE FOOD VENDOR OPERATIONS, LOCATIONS AND ALL OTHER REQUIREMENTS

_____ REQUIRED – I WILL HAVE A CURRENT CERTIFIED FIRE EXTINGUISHER WITHIN THE VEHICLE AT ALL TIMES.

_____ REQUIRED – I HAVE INCLUDED THE LICENSE FEE OF 100.00 MADE PAYABLE TO THE CITY OF ST. JOSEPH.

The data you provided on this application will be used by the City of St. Joseph to assess your qualifications for a permit. After issuance of a permit, all information contained in this application, will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY			
Application Received By: _____		Date Received: _____	
_____ Fee Paid [\$100.00]	Approved by: _____		Date: _____

- ❖ **Submit completed applications to City Offices, 75 Callaway St E, St. Joseph, MN 56374**