



LICENSING DIVISION
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 Oakdale, MN 55128
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FOR OFFICE USE ONLY
NOTES: _____

MOBILE FOOD VENDOR APPLICATION

License Term: September 1st – August 31st, annually

SECTION A. BUSINESS INFORMATION

Name:		Last Name:						
Company Name:		Doing Business As:						
Address:								
City:		State:	Zip:					
Phone:		Fax:						
E-Mail:		Website:						
Federal Tax ID:	Minnesota Tax ID:	MN Food License #:						
Select the following type of license applying for:								
<input type="checkbox"/> Temporary Mobile Food Vendor (1 day) <input type="checkbox"/> Mobile Food Vendor (1 year)								
How many mobile vehicles will you be conducting business in?:								
List the mobile vehicle you will be conducting business in:								
<u>Type of Vehicle</u>	<u>Color</u>	<u>Make</u>	<u>Year</u>	<u>Plate #</u>				
List all individuals who will be operating the vehicles listed above including yourself								
<u>Name</u>		<u>Name</u>						
Business Hours:								
Day(s):	<input type="checkbox"/> M	<input type="checkbox"/> TU	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	From _____	To _____
Day(s):	<input type="checkbox"/> M	<input type="checkbox"/> TU	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	From _____	To _____
Day(s):	<input type="checkbox"/> M	<input type="checkbox"/> TU	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	From _____	To _____
Day(s):	<input type="checkbox"/> M	<input type="checkbox"/> TU	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	From _____	To _____

SECTION B. LICENSING POINT OF CONTACT

List the person who will serve as the licensing point of contact. This person will be the one to receive renewal packets.

Please check one: Same as the applicant – Skip to Section D Different from the applicant – Complete below

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Fax Number:		
E-Mail:			
How would you like to receive license renewal packets? <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail			

SECTION C. EMERGENCY CONTACT

Please list an alternative contact information different from the applicant.

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Other Number:		

SECTION D. MOBILE FOOD VENDOR INDEMNIFICATION

I, _____ (the "Licensee"), desire to operate a mobile food vehicle within the City of Oakdale (the "City") and have applied for a license to do so. I understand that Section 9-143 of the Oakdale City Code requires all mobile food vehicle licensees to hold harmless and indemnify the City for any claims for damage to property and/or injury to persons which may occur while operating a mobile food vehicle in the City. In accordance with that requirement and by signing below and submitting this document to the City, I acknowledge that I have read, understand, and agree to everything outlined in this document, including the following:

To the fullest extent permitted by law, the Licensee agrees to protect, defend, indemnify, save, and hold harmless the City, its officials, agents, and employees from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever (including without limitation all claims for monetary loss, property damage, equitable relief, personal injury and/or wrongful death), whether brought by an individual or other entity, or imposed by a court of law or by administrative action of any federal, state, or local governmental body or agency, arising out of, in any way whatsoever, any acts, omissions, negligence, or willful misconduct on the part of the Licensee, its officers, owners, personnel, employees, agents, contractors, invitees, or volunteers while operating under its license. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorneys' fees, and related costs or expenses, and any reimbursements to the City for all legal fees, expenses, and costs incurred by it.

***Electronic Signature:**

_____ Date _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

By signing below, I am acknowledging that my application is truthful and I understand that inaccurate information contained in this form, shall constitute grounds for denial of my license request and potential criminal prosecution.

***Electronic Signature:**

_____ Date _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

LICENSING PROCESS

Once a Mobile Food Vendor application has been received, the Licensing Division will review and process your application within two weeks. The licensing process time frame may take longer to process if additional time is needed.

CHECKLIST

Before you submit your application packet, please check off the following to ensure everything has been completed.

AP - Applicant checklist, CTY - City checklist

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	City Application
<input type="checkbox"/>	<input type="checkbox"/>	Menu - Attach a copy of food menu
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation Certificate of Compliance
<input type="checkbox"/>	<input type="checkbox"/>	Photograph - Attach a photograph of the mobile food vehicle.
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Liability Insurance - Attach a current copy of certificate of liability insurance showing auto insurance, worker's compensation, and liability insurance. Please list the City of Oakdale as the Certificate Holder.
<input type="checkbox"/>	<input type="checkbox"/>	Authorization Form - If any, attach a written authorization made between applicant and property owner.
<input type="checkbox"/>	<input type="checkbox"/>	Route Map - Attach a site plan no less than 8"x10" displaying the locations and routes of business operation.
<input type="checkbox"/>	<input type="checkbox"/>	Food License - Attach an updated copy of food license issued by the state or county.
<input type="checkbox"/>	<input type="checkbox"/>	License Fee - Temporary Mobile Food Vendor Fee (per day) - \$100 Mobile Food Vendor Fee (annual) - \$300
<input type="checkbox"/>	<input type="checkbox"/>	Checklist - read, check off list, sign, and date.

Please mail, drop off, or e-mail forms and required documents when completed.

By signing below, I hereby certify that I understand and have read the foregoing questions and that the answers to said questions are true of my own knowledge. I also understand that I am NOT supposed to conduct business until a license has been issued.

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N:	PM:	#:	\$:

***Electronic Signature:**

Please type your full name

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

Thank you for choosing the City of Oakdale to do business in!