

THE CITY OF



OWATONNA

540 West Hills Circle
Owatonna, MN 55060-4794
Ph. (507) 444-4300
FAX: (507) 444-4394

**APPLICATION
STREET VENDOR LICENSE
SECTION 118.115 - 2015 ORDINANCE CODE OF OWATONNA**

Name of Applicant _____

Address _____

Phone Number _____

Nature of Business _____

Location of sales _____

Sales are to be made from (circle one): Stand Wagon Other Vehicle(s)

Term of license: _____ to _____ .

NAMES OF INDIVIDUAL SALES PEOPLE:

Name _____

Name _____

Name _____

Name _____

VEHICLES:

Make _____ License No. _____

Make _____ License No. _____

_____ Certificate of Liability Insurance naming City as Additional Insured.

_____ Certification of Compliance with MN Workers' Compensation Law form

_____ Permission in writing of owner, lessee or manager of the property in front of which or adjacent to which applicant desires to locate stand, wagon, or other vehicle.

_____ Copy of State of Minnesota Food Handler's license, if applicable

Signature of Applicant

Date

\$30.00 \$200.00 \$100.00
Fee Paid (circle which one)

THE CITY OF



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Date: _____

FOOD VENDOR LICENSE
CITY OF OWATONNA
LICENSE APPLICATION REPORT

<u>Name of Applicant</u>			<u>D.O.B.</u>
LAST	FIRST	MIDDLE	MO. DAY YR.
Address on Driver's License (Street Name and Number)			Apt. #
City	State	Zip Code	
Please provide an original driver's license/picture identification and social security card to be verified.			
_____ Driver's License #		_____ State	_____ Expiration Date
_____ Social Security #		_____ Verified By	
<u>REPORT OF INVESTIGATION</u>			
<u>RECOMMENDATIONS</u>			
DATE: _____		_____ SIGNATURE INVESTIGATING AUTHORITY	

*We are an Equal Opportunity Employer
The City of Friendliness and Beautiful Parks*

Please return the following items to the City Administration Building, 540 West Hills Circle, for review and approval by the City Council one week prior to the meeting at which you would like your application to be reviewed (1st and 3rd Tuesday of every month).

1. Application form
2. Certification of Compliance with MN Workers' Compensation Law
3. Appropriate fee in the form of a check to the City of Owatonna
4. Certificate of Liability Insurance naming the City of Owatonna as additional insured
5. Letter from the property owner from whom you are leasing space granting permission for your activity if applicable and
6. Copy of your State of MN food handler's license, if applicable