



CITY OF MARSHALL
MOBILE FOOD UNIT
PERMIT APPLICATION
Limited License: \$0
Unlimited License \$150

(All information requested is required.)

Name of Truck/Trailer/Cart: _____

DBA Name (if different): _____

License Plate #: _____

Truck/Trailer Size: _____

Federal Tax ID #: _____

MN Tax ID#: _____

Business Owner(s) Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Cell Number: _____

Fax Number: _____

Email Address: _____

***If applying for a Limited License (21 consecutive days or less) provide the requested dates of operations _____ to _____. All applicants must include a site plan that includes the location of the site(s) where the food truck/cart will set up.**

Required Submittals:

- A copy of any related license or permit issued by the State of Minnesota Department of Health required to operate a mobile food unit.
- A Certificate of Liability Insurance
- A Certificate of Compliance Minnesota Workers' Compensation Law form.

NOTICES AND AUTHORIZATIONS:

No work shall be done under this permit until the insurance policies have been filed and approved by the City of Marshall. Failure to supply this information may jeopardize or delay the processing of your permit issuance or renewal application.

I hereby submit this application for a Mobile Food Unit permit in accordance with the provisions stated in the ordinances of the City of Marshall. This permit shall expire on December 31, following the date of issue.

Signature of Applicant

Name (printed)

Date

FEE PAID _____	PERMIT	APPROVAL	Initials	Date
AMOUNT _____	DATE _____			
RECEIPT NO. _____				
CERT OF INS. REC'D _____		CITY CLERK	_____	_____