



City of Nerstrand
221 Main Street
Nerstrand, MN 55053
(507) 332-8000
cityclerknerstrand@gmail.com

Mobile Food Unit Registration Application

Every question must be answered, or City Staff may reject the application as incomplete. The applicable application fee must be submitted with the application, or City Staff may reject the application as incomplete. If any statements on this application are false, that is ground for disqualification. The City reserves the right to request supplemental information or documentation as needed.

1. Applicant name: _____
Today's Date: _____
Current Address: _____
Phone: _____
Email: _____
2. Company/ Mobile Food Truck Name: _____
Business Address: _____
Business Phone: _____
Business Email: _____
3. Do you or the Business have any taxes, assessments, utility charges, service charges, or other financial claims of the City which are delinquent and unpaid? Yes No
(if yes describe): _____

4. Liability insurance name: _____
Coverage dates: _____ through _____
5. Applicant's social security number: _____
6. Business's federal tax ID number: _____
7. Business's sales and use tax ID number: _____

Pursuant to Minn. Stat. § 270C.72, the City is required to provide the Minnesota Department of Revenue this information upon request. The Minnesota Department of Revenue may also be required to provide this information to the Internal Revenue Service. The City is also prohibited from issuing a license in the event that the applicant owes state delinquent taxes. This information may be used to deny the issuance or renewal of your license if you owe Minnesota sales tax, employers withholding, or motor vehicle excise tax.

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

By signing below, the applicant agrees:

- 1. to the terms of this application;**
- 2. to allow the city or county sheriff to conduct a background check and authorizes the same;**
- 3. to authorize the city to request a copy of the applicant's consumer credit report for the purpose of conducting background investigation;**
- 4. that they have reviewed the Nerstrand ordinances and will follow its requirements as part of a license if one is granted; and**
- 5. that everything they have stated in this document is true and correct.**

Dated: _____ Signature: _____

Printed Name: _____

Additional documents to attach with your application:

For question #4, provide your insurance ACORD certificate/form verifying that the applicant is insured against claims arising out of all operations of such applicant for the sum of at least \$1,000,000.00 against liability for bodily injuries and for at least \$1,000,000.00 against liability for damage or destruction of property. NOTE: The City of Nerstrand shall be named as an additional insured for any mobile food units located on City property.

Provide a copy of the license or permit issues by the State of Minnesota required to operate a mobile food unit.

Provide a completed Nerstrand Worker's Comp Certificate of Compliance Form.

Provide a completed Nerstrand Tax Information Form.