CITY OF ALTURA
25 N MAIN ST
ALTURA, MN 55910
507-796-5461

ANNUAL FEE $50
DATE PAID _____

APPLICATION FOR PEDDLER/FOOD TRUCK LICENSE

FULL LEGAL NAME_____
First Middle Last

TRADE NAME (DBA) IF USED_____ _____

LEGAL ADDRESS:

_____
Street City State Zip

TELEPHONE & CELL PHONE NUMBERS
(Telephone)_____**(Cell)**_____

DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE GOODS TO BE SOLD:

_____

_____

LOCATION WHERE BUSINESS IS TO BE CONDUCTED

_____

_____

If location is owned by another party, a copy of written permission of the property owner or the property owner's agent to use the location must be provided with this applicaton.

HOURS OF OPERATION _____

APPLICANT MUST PROVIDE THE CITY OF ALTURA:
Proof of any required State/County Licenses.
Proof of insurance. Expiration Date of Insurance _____ (Must be prior to event date)
Cerification of completed Food and Safety Requirement as directed by the Minnesota Department of Health.

IF APPLICATION IS DENIED, REASON FOR THE DENIAL:

_____

_____

_____

APPLICATION APPROVED AND ISSUED ON:
DATE_____

CITY CLERK_____
*Failure to provide all information required on the application or providing false or misleading information will result in denial of the application.