



601 Main Street | PO Box 99 | Elko New Market | MN 55020  
Phone (952) 461-2777 | Fax (952) 461-2782

# MOBILE FOOD UNIT LICENSE APPLICATION

Annual Fee \$25

## APPLICANT INFORMATION (Please print)

Full Legal Name: \_\_\_\_\_

List all other names under which you conduct business or which you officially answer:  
\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address) (City-State-Zip)

Permanent Home Address: \_\_\_\_\_  
(If different than above) (Street Address) (City-State-Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION (Please print)

Name of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Address) (City-State-Zip)

List all telephone number(s) where you can be reached while conducting business within the City:

\_\_\_\_\_  
\_\_\_\_\_

Name and contact information of primary mobile food unit operator, if different from applicant/owner:  
\_\_\_\_\_

Truck/Trailer Size (may not exceed a bumper to bumper length of 30 feet): \_\_\_\_\_

License plate and registration information for any vehicle to be used in conjunction with the licensed business and a description of the vehicle(s):

1) \_\_\_\_\_  
Make Color Model License Number State

2) \_\_\_\_\_  
Make Color Model License Number State

**ATTACH TO THIS LICENSE APPLICATION:**

- 1. Copy of proof of required state license.

**DATA PRACTICES ADVISORY:** We are requesting this data to determine your eligibility for a license from the City of Elko New Market. Providing this data may disclose information that could cause your application to be denied. This data is not legally required, but the City will not be able to grant the license without it. If a license is granted, this will constitute a public record. The data is needed to distinguish this application from others, to identify this application in city license, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements. In addition, this data can be shared by Elko New Market city staff, Department of Public Safety, Scott County staff, Bureau of Criminal Apprehension and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this application indicates that you understand these rights.

**READ THE FOLLOWING STATEMENT CAREFULLY, BY SIGNING BELOW, YOU AGREE TO AND ARE BOUND BY EACH OF THEM.**

*I have received a copy of the City of Elko New Market's Mobile Food Unit Ordinance and will familiarize myself with the contents therein, as they may be amended.*

*I further agree that I and all Associates will comply with all Federal and State laws and City of Elko New Markets' Ordinance, now in effect and as they may be amended in the future. I understand that violation of these laws may result in a suspension or revocation of the license.*

*I have read the Data Privacy Notice included in this application and understand its content.*

*I declare that all information provided in this application is complete and truthful. I further declare that I understand that providing incomplete or false information on this application will result in denial of the application.*

*I hereby certify that the contents of this application are true to the best of my knowledge. I further state that I have read all relevant City Ordinances relating to the conduct, operation, and practice of this business within the City of Elko New Market, and that I understand them fully.*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**OFFICE USE ONLY**

License #: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Approval: \_\_\_\_\_

(City Official Signature)