



**APPLICATION FOR LICENSE:
MOBILE FOOD UNIT & FOOD CARTS
CITY OF SLEEPY EYE, MINNESOTA
200 Main St. E, Sleepy Eye MN 56085**

Fill & Email Instructions: Due to limitation within various browser software, you may not be able to fill and email from the browser. We suggest you download the form to your computer, fill out and send as an attachment. If the send button at the bottom does not work, email to permits@sleepyeye-mn.com.

NAME OF MOBILE FOOD UNIT/FOOD CART: _____

OWNERS FULL LEGAL NAME: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

WHAT IS BEING SOLD: _____

MOBILE FOOD UNIT LICENSE PLATE NUMBER: _____

MOBILE FOOD UNIT MUST BE LICENSED BY ONE OF THE FOLLOWING: US DEPARTMENT OF AGRICULTURE, MN DEPARTMENT OF HEALTH OR BROWN NICOLLET ENVIRONMENTAL HEALTH

FOOD LICENSE #: _____

(A copy of the actual license must accompany this form)

I certify that all information is true and correct to the best of my knowledge. Further, I certify that I have read and reviewed the City of Sleepy Eye Ordinance No. 166, "An Ordinance Establishing Licensing and Regulations for Mobile Food Units and Food Carts" and agree to comply with all requirements outlined therein and other rules and regulations applicable in local, state, and federal law. I also state that if the Mobile Food Unit or Food Cart will be located in a city park, on city property, or in the public right-of-way, I shall hold harmless the city and its officers and employees, and shall indemnify the city and its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of the license.

PRESIDENT/OWNER(S): (PRINT) _____

Address _____

OPERATOR (If different than owner) _____

Address _____

SIGNATURE OF PRESIDENT/OWNER(S): _____

City Code __ - __ - __

Approved Date: __/__/__