



**APPLICATION FOR LICENSE FOR MOBILE FOOD UNIT & FOOD CARTS  
CITY OF SLEEPY EYE, MINNESOTA**

200 Main St. E, Sleepy Eye MN 56085

**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: \_\_/\_\_/\_\_