

**CITY OF WARROAD
FOOD TRUCK
APPLICATION FOR LICENSE**

\$75.00 ANNUAL FEE

PLEASE PRINT ALL INFORMATION CLEARLY

BUSINESS INFORMATION:

COMPANY NAME _____ TRUCK/TRAILER SIZE: _____

ADDRESS _____ PHONE _____

EMAIL _____ WEBSITE _____

NATURE OF BUSINESS\ ITEMS TO BE SOLD _____

CONTACT PERSON:

NAME _____ PHONE _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

EMAIL (IF DIFFERENT FROM ABOVE) _____

DOCUMENTS REQUIRED:

- COPY OF MN DEPARTMENT HEALTH PERMIT
- CERTIFICATE OF LIABILITY INSURANCE
- WRITTEN APPROVAL FROM PROPERTY OWNER

Submit this form, fees, and all required documents to the City Office for review and approval. Please allow 10 business days for processing. Sales of any kind are prohibited until you have received your approved license. This must be displayed in plain sight.

Applications and additional documents can be sent to:

City of Warroad
PO Box 50

121 Main Ave. NE

Warroad, MN 56763

or emailed to:

CityAdmin@warroadmn.org

**CITY OF WARROAD
FOOD TRUCK
REGISTRATION**

INDEMNIFICATION AGREEMENT - The undersigned covenants and agrees to hold harmless and indemnify the City of Warroad, a Minnesota Municipal Corporation, and its representatives from any and all claims, demands, actions, lawsuits, proceedings, liabilities, attorney's fees, losses, costs, and expenses, (collectively referred to as "claims") of any nature, brought by whomever, arising or alleged to arise from the use, operation, and maintenance of its food truck, regardless of any fault, liability, or negligence of the City of Warroad, or any of its representatives. Initial _____

I, the undersigned, hereby agree to comply with the City of Warroad requirements pertaining to food trucks/trailers Initial _____

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and the City of Warroad may rely on the accuracy of such information provided in determining whether or not a license should be issued.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

See City Ordinance 119.01 for specific restrictions and regulations.

FOR OFFICE USE ONLY

DATE RECEIVED _____

TOTAL FEE RECEIVED _____

DATE OF ISSUANCE: _____

SIGNATURE: _____
Kathy A. Lovelace, City Administrator

