



# CITY OF OAKDALE

## LICENSING DIVISION

1584 Hadley Avenue North | Oakdale, MN 55128  
www.ci.oakdale.mn.us | Licensing@ci.oakdale.mn.us  
Direct: (651) 730-2739 | Fax: (651) 730-2820

### MOBILE FOOD VENDOR LICENSE APPLICATION

*Licensing Term: September 1<sup>st</sup> – August 31<sup>st</sup>, Annually*

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly. Please attach additional documents, where it is applicable. **ALL persons who will be conducting business must complete the Tennessee Warning & Informed Consent Form and attach a color copy of a current photo ID**

SECTION A. BUSINESS INFORMATION		
Company Name:		
Doing Business As:		
Address:		
Phone:	Fax:	
E-Mail:		
Website / Social Media Site (Facebook, Twitter, etc...):		
Federal Tax ID:	Minnesota Tax ID:	State / County Food License #:
Business Start Date:	Business End Date:	
Business Hours:	Day(s): <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA	From _____ To _____
	Day(s): <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA	From _____ To _____
	Day(s): <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA	From _____ To _____
How many vehicles will be used to conduct business (if more than one, please attach separate sheet of paper)?		
Vehicle / Trailer License Plate Number:	State of Where Vehicle /Trailer License Plate was Issued:	

SECTION B. LICENSING POINT OF CONTACT / EMERGENCY CONTACT		
<i>List the person who will serve as the licensing point of contact (if it's the same person as the applicant, please list an emergency contact for the business).</i>		
This person will serve as the: <input type="checkbox"/> Licensing Point of Contact <input type="checkbox"/> Emergency Contact		
Full Name:	Job Title/ Relationship to Applicant:	
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
E-Mail:		
Contact preference for licensing questions and materials: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		

**SECTION C. PERSONAL INFORMATION**

Relationship to Business:  Owner  Partner  Officer  Other:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden Names or Names Known by Others: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are you a Citizen of the United States?  
 Yes  No – Complete Below  
 If you answered "NO" above, are you legally a Permanent Resident of the United States?  
 Yes – Permanent Resident Card #: \_\_\_\_\_ (submit a copy)  
 No – Complete Below  
 If you answered "NO" above, do you have a Work Authorization Card?  
 Yes - Authorization #: \_\_\_\_\_ (submit a copy)  
 No - Please explain: \_\_\_\_\_

**SECTION D. HISTORY**

List home addresses for all previous residences during the past five (5) years. Start with the most current one first:

Address	City	State	Dates

List all other business licenses you presently hold, or which you have held under your present name or any other name during the past five (5) years:

Type of License	License Number	Issuing Agency	City	State	Dates

Have you ever had a business license denied, suspended, or revoked?  No  Yes – if yes, please complete below.

Type of License	Issuing Agency	City	State	Dates

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or ordinance violation, other than traffic matters?  No  Yes – if yes, please complete below.

Offense	City	State	Dates



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### MOBILE FOOD VENDOR INDEMNIFICATION

I, \_\_\_\_\_ (the "Licensee"), desire to operate a mobile food vehicle within the City of Oakdale (the "City") and have applied for a license to do so. I understand that Section 9-143 of the Oakdale City Code requires all mobile food vehicle licensees to hold harmless and indemnify the City for any claims for damage to property and/or injury to persons which may occur while operating a mobile food vehicle in the City. In accordance with that requirement and by signing below and submitting this document to the City, I acknowledge that I have read, understand, and agree to everything outlined in this document, including the following:

To the fullest extent permitted by law, the Licensee agrees to protect, defend, indemnify, save, and hold harmless the City, its officials, agents, and employees from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever (including without limitation all claims for monetary loss, property damage, equitable relief, personal injury and/or wrongful death), whether brought by an individual or other entity, or imposed by a court of law or by administrative action of any federal, state, or local governmental body or agency, arising out of, in any way whatsoever, any acts, omissions, negligence, or willful misconduct on the part of the Licensee, its officers, owners, personnel, employees, agents, contractors, invitees, or volunteers while operating under its license. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorneys' fees, and related costs or expenses, and any reimbursements to the City for all legal fees, expenses, and costs incurred by it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Address



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### TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application. Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies. A specific exception to the confidentiality of data supplied in this application exists as follows:

#### Minn. Statute 13.41, Subd. 5.

Any licensing agency may make any data classified as private or confidential, pursuant to this section, accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the Chief of Police, Oakdale, Minnesota 55128, telephone (651) 738-1022.

### INFORMED CONSENT

The City of Oakdale requires criminal background checks for all mobile food vendor license applicants. The Oakdale Police Department is responsible for maintaining all criminal history data retrieved during the criminal background check.

First Name:	Middle:	Last:
Maiden Name or Names Known by Others:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):	
ID / Driver's License Number:	State of ID / License Issuance:	
Social Security Number:		

By signing below, I have read and understood the Tennesen Warning. I authorize the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a mobile food vendor license in the City of Oakdale. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**APPLICABLE CODES**

Please review Chapter 9, Article XV Mobile Food Vendors for a detailed description of City Codes.

**LICENSING PROCESS**

Once a completed application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department. Please note that the licensing process may take 2 weeks.

**CHECKLIST**

The following materials must be submitted with your application in order to be considered complete. If you have any questions or concerns regarding the necessary materials please contact City Staff. **All incomplete applications will be returned.**

*AP – Applicant check list, CTY – City check list*

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	<b>City Application</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Indemnification Form</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tennessee Warning and Informed Consent Form</b> - All persons conducting business must complete this form.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Worker’s Compensation Certificate of Compliance Form</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Copy of Current Driver’s license</b> - All persons conducting business must attach a color copy of a current ID.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Certificate of Liability Insurance</b> - Attach a current copy of the certificate of liability insurance showing worker’s compensation, general / public, and auto liability insurance. Please list the City of Oakdale as the Certificate Holder.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Authorization Form</b> – Attach a written authorization made between applicant and property owner.
<input type="checkbox"/>	<input type="checkbox"/>	<b>State / County Issued Food License</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Menu</b> – Attach a list of foods / beverages to be sold.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Photograph</b> – Attach a photograph of vehicle / booth to be used for business.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Site Plan / Route Map</b> - A scalable site plan / map, no less than 8.5”x11”, displaying all routes and locations of where business would be conducted.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Fee Payable to “City of Oakdale” (fees listed below is per vendor and per vehicle):</b> <u>Temporary Mobile Food Vendor License (per day): \$100.00</u> <u>Annual Mobile Food Vendor License: \$300.00</u>

**Please mail, drop off, or e-mail forms and required documents when completed.**

By signing below, I hereby certify that I understand and have read the foregoing questions and that the answers to said questions are true of my own knowledge. I also understand that I am NOT supposed to conduct business until a license has been issued.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY	
AMT:	MT:
#:	PD:
NOTES:	