

Mobile Food Unit Registration

PLEASE ATTACH A COPY OF YOUR MN DEPARTMENT OF HEALTH LICENSE!

Business Information

Name of Company: _____

Address: _____

Bus. Phone Number: _____ Website: _____

Minnesota Tax ID: _____ Fed. Tax ID: _____

Owner's Full Legal Name: _____
First Middle Last

Date of Birth: _____ Email: _____

Permanent Address: _____
Street City State Zip

Phone Number: _____ Cell: _____

Driver's License/Identification Information:

License Number Issuing State Expiration Date

Name of all persons working in the mobile food unit.

Describe the items to be sold/services provided: _____

Property where business will be conducted: _____

Property Address: _____

Property Owner's Name: _____ Phone: _____

Dates at this location: _____ to _____

I agree to operate such business in accordance with the laws of Minnesota and the Ordinances of the City of Shakopee. The Forgoing statements are true and correct to the best of my knowledge and belief.

Signature of applicant

Date