



APPLICATION FOR FOODTRUCK/TRANSIENT
MERCHANT APPLICATION

CITY OF JORDAN
210 EAST FIRST STREET
JORDAN, MN 55352
952-492-2535

Fee and Application Required Yearly

Applicant Information

Full Name: _____ Phone: _____

Address: _____ Email: _____

Date of Request: _____ Applicant's Driver's License # _____

Full Legal Name of any and all business operations owned, managed, or operated by applicant:

Address: _____ Phone Number: _____

Brief description of where the applicant wishes to do business and or sell goods:

Dates which the applicant intends to do business _____

What property is it intended to be utilized (by a transient merchant) and written permission of the owner of property will be required if it's private property:

Private commercial parking lot (location : _____)

Private industrial parking lot (location: _____)

Private residential (catering only) (location: _____)

Public street(s) (dedicated parking stall) (location: _____)

Names and addresses of any individuals who will selling items to the public:

Description and license plate number for any vehicle to be used:

Statement as to whether or not the applicant has been convicted within the last five years of any felony, gross misdemeanor, or misdemeanor for violations of any state or federal Statutes of any local ordinance, other than traffic offenses: _____

List of most recent Cities where the applicant has done business: _____

A general description of the items to be sold or services to be provided: _____

Any additional information? : _____

APPLICANT NOTE: Make check/money order payable to: **City of Jordan**
210 E. 1st Street
Jordan, MN 55352

APPLICANT'S SIGNATURE: _____

Applicant has attached a copy of the following to this Application:

1. A certificate of insurance that complies with the insurance requirements of City of Jordan Code § 124.03(c)(1)-(2);
2. Written consent of the private property owner identified above, if any;
3. A copy of each related license or permit granted by Scott County, Minnesota or any other agency pursuant to Minnesota Statutes, Chapter 157 or 28A; and
4. Applicant's state sales tax identification number.

I HAVE RECEIVED FROM THE ABOVE APPLICANT THE AMOUNT INDICATED IN PAYMENT FOR FOODTRUCK/TRANSIENT MERCHANT LICENSE:
Total Amount Due: \$ _____ Received by: _____ Date: _____
POLICE CHIEF APPROVAL: _____
POLICE CHIEF DENIAL: _____
REASON: _____
