

**FOODTRUCK/TRANSIENT MERCHANT  
2022 APPLICATION**

**(Fee Required \$25 Per Time or \$50 Yearly)**

All yearly applications are calendar year



**APPLICANT NAME:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Applicant's Full Legal Name:** \_\_\_\_\_

**Applicant's Permanent Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Telephone Number:** \_\_\_\_\_

**Applicant's email:** \_\_\_\_\_

**Applicant's Driver's License #** \_\_\_\_\_

**Applicant's Birth Date:** \_\_\_\_\_

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

\_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone 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. 1<sup>st</sup> 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. If the food truck is part of a Community Special Event, written consent from the event coordinator is required;
4. 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
5. 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: \_\_\_\_\_**

**CITY ADMINISTRATOR APPROVAL: \_\_\_\_\_**

**CITY ADMINISTRATOR DENIAL: \_\_\_\_\_**

**REASON: \_\_\_\_\_**