

Mobile Food Unit Renewal Application

☐ Renewal License Plate or Truck #			Application Number: LCB20
Food truck/trailer name (DBA)			Sticker #
	10	Name of Business	Phone ()
	Business	Contact Person/Operator	
	Busi	Address	City State Zip
		E-mail Address	
		Commissary or Commercial Kitchen	Phone ()
ANT	sary	☐ Address same as above	
APPLICANT	miss	Address	City State Zip
API	Commissary	E-mail Address	
		Where is the food truck/trailer stored overnight?	
	dentification	Minnesota Business Tax ID Number	Or .
		Federal Business Tax ID Number	REQUIRED per
		Applicant Social Security Number	Willingsold Statute 27 00.72
Workers' Compensation Insurance Coverage: Insurance company name			
Inspections completed at event.			
The data on this form will be used to approve your license. Some requested data may be private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.			
The Bloomington City Code, Licenses and Permits, Chapter 14, is available online at Bloomingtonmn.gov. It is important to become familiar with the City Code for your license.			
Owr	Owner Signature: Date Signed/		
(Office Use Only)			
Date Application received			Payment entered
Copy to EH			Date Mailed