300 Third Avenue Northeast Cambridge, MN 55008 www.ci.cambridge.mn.us

(763) 689-3211 (763) 689-6801 FAX

APPLICATION FOR MOBILE FOOD VENDORS

City of Cambridge Code of Ordinances, Title XV, Chapter 156.093

Mobile Food Vendor Name:				
Address and name of where the Mobile Food Vendor is to park and serve food:				
Length of Time for License: ☐ Per Day - \$25 ☐ Per Month - \$75 ☐ Seasonal (up to 6 months per calendar year)- \$200	Zoning District: Commercial/Business (green on attached map) Special Event in Residential (grey on attached map) Special Event Name: Who is hosting the Special Event: Date and time of Special Event:			
Dates: What date(s) do you plan on being at this location:				
and serving food. It must be scheduled with Trevor McC	This inspection will be while you are set up at the location Climent of the Isanti County district of the MDH by emailing y be set up after city Mobile Food Vendor license is granted			
☐ I have attached a copy of my state issued license. The lo license is valid and covers the proposed services I am appropriate the propriate the pro				
MN Tax ID Number (required): ☐ I understand that the City of Cambridge has a sales tax. Type of items to be cold:				
Type of items to be sold: ☐ I understand that hours of operations shall be between	the hours of 9am-10pm.			
Must attach a site plan to this application: I have attached an aerial view of property, that show trace least 6 feet wide between the food truck and the traffic	,			
Background Check: ☐ I understand that all Mobile Food Vendors must have a issued. ☐ I have attached a color copy of all applicant's driver's lic. ☐ I have signed the "Informed Consent for Background Inventor of a notary (Applications without notary signature).	enses (or other legal identification). vestigation for Mobile Food Vendor Permit Application" in			
Signage: ☐ I understand that no additional signage shall be added to been issued and that is not included in this Mobile Food				

Property Owner Permission: ☐ I have attached written prope	rty owner permission.		
restaurant (orange on atta	vithin 100 feet have provided written cons		
Applicant's Full First Name:	Applicant's Full Middle Name:	Applicant's Full Last Name:	
Date of Birth:	Race:	Sex: Male Female	
Full Street Address:			
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Driver's License Number (include	a color copy of driver's license):		
Applicant's Full First Name:	Applicant's Full Middle Name:	Applicant's Full Last Name:	
Date of Birth:	Race:	Sex: Male Female	
Full Street Address:	I		
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Driver's License Number (include	a color copy of driver's license):		
•	/endor License revoked? ☐ Yes ☐ No I	f yes, why?	
shall indemnify the city, and their c	licant understands they shall hold harmle officers and employees for any claims for o ctivity carried on under the terms of the li		
Applicant's Signature:	oplicant's Signature: Date:		

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Informed Consent for Background Investigation for Mobile Food Vendor Permit Application

(A separate form must be filled out for each applicant, officer, and/or partner)

A color copy of your driver's license must be submitted with this form.

The following named individual has made application with this the City of Cambridge for a Mobile Food Vendor Permit. In order to determine if the applicant is eligible to receive the license, a criminal history check must be conducted. The information provided below is to assist the Minnesota Bureau of Criminal Apprehension's investigation.

PLEASE PRINT LEGIBLY

Last Name of Applicant	Full First Name		Full Middl	e Name		
Any Maiden, Alias or Former Name(s)						
Date of Birth (MM/DD/YYYY)	Sex	Race				
I,	ation to the City o	of Cambridge and t	he Cambridge Pol	lice Department		
The authorization shall expire one year from the substitution of t		y signature. Date	_	THIS DOCUMENT MUST BE NOTARIZED OR IT WILL		
STATE OF		Bute		NOT BE ACCEPTED.		
BEFORE ME, the undersigned authority, o to be the person whose name is subscribe executed the same for the purposes and o	ed to the foregoin	g instrument and a		known to me ne that he/she		
GIVEN UNDER MY HAND and seal of office	e thisday of	f, 20	<u></u> ·			
 Notary's signature						

MOBILE FOOD VENDOR PROPERTY OWNER PERMISSION

You may use this form or any other written document that provides property owner permission.

I,	, as owner of	, located at
	, Cambridge, MN 55	008, grant permission for
	to operate a Mobile	e Food Vendor permit on this property
from	to	
Signature:		
Date:		
	MOBILE FOOD VENI ARBY RESTAURANT OWNEI other written document th	
l,	, as owner of	, located at
	, Cambridge, MN 55	008, grant permission for
	to operate a Mobile	e Food Vendor permit at
	from	to
Signature:		
Data		

