



CITY OF BRAINERD FOOD TRUCK/TRAILER LICENSE APPLICATION

BUSINESS INFORMATION

Name of Truck/Trailer: _____ License Plate # _____

DBA Name (if different): _____

Federal ID #: _____ Truck/Trailer Size: _____

Address _____

Phone Number _____ Cell Number _____

Email _____ Website _____

BUSINESS OWNER(S) INFORMATION

Name _____

Phone Number _____ Cell Number _____

Email _____

SUBMIT THE FOLLOWING DOCUMENTS PRIOR TO OPERATION

- Copy of Minnesota Department of Health Permit
- Certificate of Liability Insurance
- Written approval from property owner
- Site plan that includes:
 - Square footage of the building on the property*
 - Number of off-street parking spaces*
 - Location on the site where food truck/trailer will setup

*Not required for Zone 3 locations

PROPOSED OPERATING LOCATION & TIMES

Location/Area	Days	Hours of operation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby agree, if granted this license, to comply with the Brainerd City requirements pertaining to food trucks/trailers:

Applicant Signature Name (print) Date

Fee: \$300 after 05/01/2019
(check or money order payable to City of Brainerd)

Submit this form and all required attachments to: City of Brainerd
501 Laurel Street
Brainerd, MN 56401

City of Brainerd Approval _____ Date _____

Comments: _____

See attached list of requirements and information related to food truck/trailer operation in the City of Brainerd.