



*City of Oronoco*  
**Mobile Food Truck Unit License Application**  
*Oronoco City Code 114*

*Section A:      New License                  Renewal*

*Section B: Instructions/check list*

1. See City Code 114 for requirements
2. Complete application, sign, and date
3. Submit application to the City Hall office located at 115 2<sup>nd</sup> Street NW with the following:
  - a. Copy of Auto and Liability Insurance
  - b. Copy of driver's license
  - c. Olmsted County Public Health /State of MN Dept. of Health food service license/permits
  - d. Hold Harmless Agreement
  - e. Photo's of the mobile food unit
  - f. Application fee

*Section C: Applicant Information (must be owner)*

Full Name: \_\_\_\_\_

Trade name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Sale ID #: \_\_\_\_\_

Goods to be sold: \_\_\_\_\_

Food Supply contact: \_\_\_\_\_

\_\_\_\_\_

Physical description of mobile food unit:

Manufacturer: \_\_\_\_\_ model #: \_\_\_\_\_ axle weight: \_\_\_\_\_

plate #: \_\_\_\_\_ VIN#: \_\_\_\_\_ dimensions: \_\_\_\_\_

Do you agree to background check? \_\_\_\_\_

The City of Oronoco does not supply or provide access to water, fuel, electrical, and waste. How will you address the use of water, fuel, electrical, and waste? \_\_\_\_\_

*The Downtown Oronoco Gold Rush Days event in August requires an additional permit to be obtained from the event coordinator to operate during the event.*

*You are not permitted to sell or serve alcohol at any time.*

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE LAWS OF THE STATE OF MINNESOTA, OLMSTED COUNTY, AND CITY OF ORONOCO CODE AS THEY RELATE TO THE LICENSING AND OPERATION OF LICENSES BEING APPLIED FOR. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION.

\_\_\_\_\_ I have read the Oronoco City Code

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

*THIS SECTION FOR CITY USE ONLY*

Date received: \_\_\_\_\_ by: \_\_\_\_\_

Received everything on the checklist: \_\_\_\_\_

Denied

Approved

Reason: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Duration approved for:

N/A

1 day

three day

one year (1<sup>st</sup> of Jan to 31<sup>st</sup> of December)