



111 Hassan Street Southeast  
 Hutchinson, MN 55350  
 (320) 587-5151/Fax: (320) 234-4240

License Fee: **\$125.00**

**City of Hutchinson  
 FOOD VENDOR APPLICATION  
 (Pursuant to City Code Section 123)**

<b>Application Type (choose one)</b>	
<input type="checkbox"/> Mobile Food Cart \$125.00 <input type="checkbox"/> Mobile Food Vehicle \$125.00	Date of Application _____  Proposed Date of Opening: _____ Proposed Date of Closing: _____

<b>Applicant Information</b>		
Legal Corporate Name of Business	Trade Name (DBA)	Business Telephone Number
Name of Person Completing Application	Title	Telephone Number
E-mail Address	Fax Number	Cell Phone Number
MN Sales Tax ID Number, Social Security #, or Individual Tax ID #:		
This is a new business <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state other communities this business has operated:	
Licensed Kitchen Address	City	State                      Zip Code
Name of Manager	Home address	Date of birth
Type of ownership: <input type="checkbox"/> sole proprietor <input type="checkbox"/> corporation <input type="checkbox"/> LLC <input type="checkbox"/> partnership <input type="checkbox"/> non-profit		
Date of incorporation:		State of incorporation:

<b>List All Owners, Partners and Corporate Members (Attach additional sheet if necessary)</b>			
Full Name: First, Middle Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Have any of the above people been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide (or attach) dates and conviction specifics.			

**Business Information**

List proposed vending sites:

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If any of the proposed sites are within 100 feet of a restaurant open while your business is in operation, the restaurant owner must sign below granting consent of the location:

\_\_\_\_\_  
Name of Restaurant

\_\_\_\_\_  
Printed Name and Signature of owner

\_\_\_\_\_  
Name of Restaurant

\_\_\_\_\_  
Printed Name and Signature of owner

Attach additional consent forms if necessary.

If any of the proposed sites are within 500 feet of any festival, fair or civic event, the event sponsor must sign below granting consent of the location:

\_\_\_\_\_  
Name of Event

\_\_\_\_\_  
Printed Name and Signature of Event Sponsor

\_\_\_\_\_  
Name of Event

\_\_\_\_\_  
Printed Name and Signature of Event Sponsor

Attach additional consent forms if necessary.

**IF A VENDING SITE IS SELECTED AFTER SUBMITTAL OF THIS APPLICATION AND IS WITHIN EITHER OF THE BOUNDARIES NOTED ABOVE, THE APPLICANT IS RESPONSIBLE TO SUBMIT CONSENT FORMS TO THE CITY OF HUTCHINSON PRIOR TO OPERATING AT THE VENDING SITE**

Describe in detail the principal products being sold:

List all licenses obtained from the State of Minnesota and provide copies with this application:

Have you ever had a business license denied or revoked by another government entity?  Yes  No

If Yes, indicate date of denial/revocation, government agency and reason for denial or revocation.

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers' compensation insurance because:  I am self insured.  I am the sole proprietor and I have no employees.  I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by state are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

**REGARDLESS OF WORKERS' COMPENSATION COVERAGE, A CERTIFICATE OF INSURANCE NAMING THE CITY OF HUTCHINSON AS AN ADDITIONAL INSURED FOR LIABILITY MUST BE ATTACHED TO THIS APPLICATION**

**Reference Information (continued)**

List last (up to three (3)) previous city(ies) where you carried on same activity (immediately preceding today's date):

\_\_\_\_\_ to \_\_\_\_\_  
*City State Date(s) of Activity*

\_\_\_\_\_ to \_\_\_\_\_  
*City State Date(s) of Activity*

\_\_\_\_\_ to \_\_\_\_\_  
*City State Date(s) of Activity*

Reference Information (continued)

Provide two names for character references:

_____		_____	
<i>Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____		_____	
<i>Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Checklist (all items must be checked "yes" in order for the application to be processed)

The following items need to be completed and/or attached in order for the application to be processed:

- State of Minnesota license(s):  yes  no
- Certificate of insurance:  yes  no
- Application completed in full and signed:  yes  no
- Application fee paid in full:  yes  no
- Consent of restaurant owner/event sponsor:  yes  no  N/A
- Release of Information completed and signed:  yes  no

I hereby certify that the application is true, correct, and accurate. By signing below, I agree that any person operating as a food vendor under this application will fully comply with all provisions of Hutchinson City Code. I fully understand that any person who violates any provision of the Food Vendor Ordinance Section 123 is guilty of a misdemeanor and are grounds for the suspension or revocation of the food vendor license in accordance with Section 123 of the Hutchinson Cit Code.

_____	_____
<i>Signature of Authorized Representative</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Title</i>

**NOTE: All applications must be considered and approved by the Hutchinson City Council. Upon approval by the City Council, a license will be issued to the applicant.**

## Release of Information Form

*As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.*

I hereby release the agency with which I am seeking an application for a license, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information (Please Print)			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License Number:	_____		

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*Please allow two weeks lead time for an investigation (this **does not** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).