

**TEMPORARY FOOD (615.01)**Office of the City Clerk  
City of Robbinsdale**LICENSE APPLICATION****Fee: \$50.00**

I, \_\_\_\_\_, hereby make application for a Temporary Food License subject to provisions of City Ordinances. I do hereby swear that the answers and statements, and any attached information set forth by me in this application, are true.

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

**PLEASE PRINT OR TYPE**

(Provide in full the first, middle and last names where requested)

Applicant's Full Name & Title		Trade Name or D.B.A.	
Business Address		City	State                      Zip
Drivers License No./State Issued	Date of Birth	Residence/Cell Phone No.	Business Phone No.
2nd Contact Person		2nd Contact Residence/Cell Phone	2nd Contact Business Phone No.
List location of Temporary Food Booth/Event:			
Date(s) of Event: _____			
Time: _____ to _____			

Please provide the following:

- Public Liability Certificate of Insurance: not less than \$1,500,000 combined single limit
- Minnesota Tax and Workers' Compensation forms
- Copy of valid Hennepin County License, if required (612-543-5200)  
[www.co.hennepin.mn.us](http://www.co.hennepin.mn.us) (Human Services and Public Health Dept.)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDATION OF STAFF** (Initial approval or denial. Give reason for denial on separate memorandum, if necessary.)

	<b><u>APPROVE</u></b>	<b><u>CONDITIONS?</u></b>	<b><u>DENY</u></b>
_____ Building Official	_____	_____	_____
_____ Fire Marshal	_____	_____	_____