FOOD TRUCK/TRANSIENT MERCHANT
2025 APPLICATION
(Fee Required \$25 Per Time or \$50 Yearly)
All yearly applications are calendar year



APPLICANT NAME:	
Date of Request:	Applicant's Full Legal Name:
Applicant's Permanent	Address:
Applicant's Telephone I	Number:
Applicant's email:	
Applicant's Driver's Lie	cense #
Applicant's Birth Date:	and all business operations owned, managed, or operated by the
	and all business operations owned, managed, or operated by the
Address:	Telephone Number:
Brief description of whe	ere the applicant wishes to do business and or sell goods:
Dates which the applica	nt intends to do business
- - -	nded to be utilized (by a transient merchant) and written of property will be required if it's private property:
Private industrial park	rking lot (location :) ing lot (location:)
	ering only) (location:) ted parking stall) (location:)
	(i)
Names and addresses of	any individuals who will be selling items to the public:

Description and license plate number for any vehicle to be used:

Statement as to whether or not the applicant has been convicted within the last five years of any felony, gross misdemeanor, or misdemeanor for violations of any state or federal Statutes of any local ordinance, other than traffic offenses:

List of most recent Cities where the applicant has done business:

A general description of the items to be sold or services to be provided:

Any additional information? :_____

APPLICANT NOTE: Make check/money order payable to: OR CALL City of Jordan 952-492-2535 with CC Payment

City of Jordan 210 E. 1st Street Jordan, MN 55352

APPLICANT'S SIGNATURE: _____

The applicant has attached a copy of the following to this Application:

- 1. A certificate of insurance that complies with the insurance requirements of City of Jordan Code § 124.03(c)(1)-(2);
- 2. Written consent of the private property owner identified above, if any;
- 3. If the food truck is part of a Community Special Event, written consent from the event coordinator is required;
- 4. A copy of each related license or permit granted by Scott County, Minnesota or any other agency pursuant to Minnesota Statutes, Chapter 157 or 28A; and
- 5. Applicant's state sales tax identification number.

I HAVE RECEIVED FROM THE ABOVE APPLICANT THE AMOUNT INDICATED IN PAYMENT FOR FOODTRUCK/TRANSIENT MERCHANT LICENSE:

 Total Amount Due: \$______Received by:______Date:____

CITY ADMINISTRATOR APPROVAL: CITY ADMINISTRATOR DENIAL: **REASON:**