



**City of Watertown
Mobile Food Unit**

PERMIT APPLICATION

NOTICE TO APPLICANTS: Please be advised that this application must be filled out completely and that failure to do so will result in the application being returned.

Date: _____

Name of Company or Organization: _____

Business Address: _____

Telephone Number: _____ **Email:** _____

Names and Addresses of Officers/Directors of Company or Organization:

1. _____

2. _____

3. _____

APPLICANT INFORMATION

Name: _____

Address: _____

Driver's License Number: _____ **Email:** _____

Date of Birth: _____ **Telephone Number:** _____

Nature of Goods to Be Sold: _____

STATE LICENSE

Mobile food units shall hold a valid license from the State of MN Department of Health or Department of Agriculture. A copy of the State license must be attached to this permit application.

WRITTEN PERMISSIONS

Written permission from private property owner(s) must be provided prior to operating a mobile food unit in front of a subject property.

HEART OF THE LUCE LINE TRAIL

