

CITY OF ADA
FOOD TRUCK
PERMIT

FEE: \$10.00/day or \$150 Memorial Day- Labor Day

PLEASE PRINT ALL INFORMATION CLEARLY

BUSINESS INFORMATION:

COMPANY NAME _____ TRUCK/TRAILER SIZE: _____

ADDRESS _____ PHONE _____

EMAIL _____ WEBSITE _____

NATURE OF BUSINESS\ ITEMS TO BE SOLD _____

DATES OF OPERATION IN THE CITY OF ADA

CIRCLE ONE : DAY WEEK MEMORIAL DAY-LABOR DAY

CONTACT PERSON:

NAME _____ PHONE _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

EMAIL (IF DIFFERENT FROM ABOVE) _____

DOCUMENTS REQUIRED:

- COPY OF MN DEPARTMENT HEALTH PERMIT
- CERTIFICATE OF LIABILITY INSURANCE
- WRITTEN APPROVAL FROM PROPERTY OWNER IF ON PRIVATE PROPERTY

Submit this form, fees, and all required documents to:

CITY OF ADA
PO BOX 32
ADA, MN 56510

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INDEMNIFICATION AGREEMENT - The undersigned covenants and agrees to hold harmless and indemnify the City of Ada, and its representatives from any and all claims, demands, actions, lawsuits, proceedings, liabilities, attorney's fees, losses, costs, and expenses, (collectively referred to as "claims") of any nature, brought by whomever, arising or alleged to arise from the use, operation, and maintenance of its food truck, regardless of any fault, liability, or negligence of the City of Ada, or any of its representatives.

Initial _____

I, the undersigned, hereby agree to comply with the City of Ada requirements pertaining to food trucks/trailers.

Initial _____

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and the City of Ada may rely on the accuracy of such information provided in determining whether or not a license should be issued.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

FOR OFFICE USE ONLY

DATE RECEIVED _____

TOTAL FEE RECEIVED _____

DATE OF ISSUANCE: _____

SIGNATURE: _____
City Clerk Office