



CITY OF FAIRMONT

Event Food Wagon/Vendor Permit

Event Information			
Name of Event			
Date(s) of Event			
Start/Finish Time	Start		Finish
Park Location			
Applicant Information			
Name of Food Wagon/Vendor:			
Mailing Address:			
Applicant Contact Information:			
Name:			
Address:			
Phone:			
Cell Phone:			
E-Mail:			
Description of food and/or drink to be dispensed:			
<p>The following items <u>must</u> be completed and/or accompany the application:</p> <ol style="list-style-type: none"> 1. Permit fee payment: \$25.00. 2. Certificate of compliance, Minnesota Workers' Compensation law 3. Copy of license issued by the State of Minnesota Department of Health or Agriculture 4. Proof of auto insurance coverage, if applicable 5. Photocopy of Driver's License 			
<p>I have received a copy of Fairmont City Code Section 18-45 and agree to abide by the regulations set fourth therein.</p>			
_____ / / Month Day Year	X _____ Signature of Applicant		

OFFICE USE ONLY	
\$25.00 Fee Paid	Date:
Approved	Received by:
Signature	Denied
	Date