



CITY OF BRAINERD FOOD TRUCK/TRAILER LICENSE APPLICATION

BUSINESS INFORMATION

Name of Truck/Trailer: _____ License Plate # _____

DBA Name (if different): _____

Federal ID #: _____ Truck/Trailer Size: _____

Address _____

Phone Number _____ Cell Number _____

Email _____ Website _____

BUSINESS OWNER(S) INFORMATION

Name _____

Phone Number _____ Cell Number _____

Email _____

SUBMIT THE FOLLOWING DOCUMENTS PRIOR TO OPERATION

- Copy of Minnesota Department of Health Permit
- Certificate of Liability Insurance
- Written approval from property owner
- Site plan that includes:
 - Square footage of the building on the property*
 - Number of off-street parking spaces*
 - Location on the site where food truck/trailer will setup

*Not required for Zone 3 locations

