

Temporary/Mobile Use Permit Application

Becker Township
PO Box 248
Becker, MN 55308

www.beckertownship.org
763-261-5301



**DROP YOUR APPLICATION AND FEE OFF AT BECKER CITY HALL,
LOCATED AT 12060 SHERBURNE AVENUE, BECKER, MN. PHONE
IS (763) 261-4302. HOURS ARE 8 -4:30, M-F.**

Date Received _____

Above for Office Use Only

Fee Received: Cash Check # _____ Credit Card _____
(name on card)

Fee – \$50

=====

Applicant's Full name (person completing application): _____

Legal Name of Licensee: _____

DBA or Trade Name: _____

Licensee Address _____

City/State/Zip _____

Is this your permanent address? Yes No, please provide permanent address below:

Primary Phone: _____ Alternate Phone: _____

Email: _____

Minnesota Business Tax ID: _____ Federal Tax ID: _____

If MN & Federal Tax ID are not provided, applicant's Social Security number is required.

Vehicle Information – all applicants

License Plate # (State and plate #): _____

Color/Make/Model/Year: _____

Planned public location(s): _____

Planned Private property location(s)	Property Owner/Manager Signature	Date
_____	_____	_____
_____	_____	_____

Brief written description of the nature of the business, a description of the goods to be sold (including photographs or brochures) and the applicant’s method of operation:

Transient Merchant Information

Dates applicant intends to do business in the township (be specific): _____

If employed, name and address of employer: _____

Credentials from the person for which the applicant proposed to do business, authorizing the applicant to act as such representative.

Telephone number of employer: _____

The proposed method of delivery: _____

Has applicant or person managing the business ever been convicted of a crime, misdemeanor, or violation of any township, city, state, or federal law involving activities licensed under this article? Yes No

If yes, give nature of the offense and the penalty assessed:

Temporary/Mobile Food Units:

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

Please list the last three (3) municipalities you held a license for operating a mobile food unit. Include city, state and dates.

1.
2.
3.

All applicants

The Township requires all applicants to provide a certificate of insurance by an insurance company authorized to do business in the State of Minnesota, evidencing the following forms of insurance:

- Commercial General Liability insurance, including products and completed operations coverage, with a limit of not less than one million dollars each occurrence/two million dollars aggregate
- Automobile liability insurance with a limit of not less than one million dollars combined single limit.
- The Township of Becker shall be named as an additional insured and provided a certificate of insurance. The certificate of insurance must contain a provision requiring notification be sent to the township should the policy be cancelled before its stated expiration date.
- A copy of the certificate of insurance must be attached to this application

I HEREBY CERTIFY that the above questions and answers are true and correct to the best of my knowledge.

_____ (business name) shall perform its activities in full conformance with applicable federal state and local laws and shall be responsible for, and shall indemnify, defend and hold harmless the town of Becker and all the Town’s officers, employees and agents from and against all claims, suits, liability, damages and losses, specifically including but not limited to those for loss of use of property, for damage to any property, real or personal, for injury to or death of any person, and of all other liability’s whatsoever including related expenses and actual attorney fees in any way sustained by reason of the activities authorized by this license, permit or agreement in connection with the action of _____, its employees, agents, or officers within the Town of Becker.

The foregoing shall not be construed to be an agreement to indemnify the Town of Becker, its officers, agents, or employees against liability for claims, suits, damages and losses were caused by or resulting from the gross negligence or willful misconduct of the Town of Becker, its officers, employees or agents. This permit, license or agreement shall be construed in accordance with the laws of the state of Minnesota.

I FURTHER CERTIFY that if I am in violation of this requirement, the Town of Becker may deny the permit application by law.

I HEREBY STATE that all of the information stated in this application is true and accurate to the best of my knowledge.

We, the undersigned, have read and understand the above.

Signature of Applicant

Date

Signature of Owner (s)

Date