

\_\_\_\_\_  
NEW LICENSE  
\_\_\_\_\_  
RENEWAL LICENSE  
APPLICATION # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_  
RECEIPT NUMBER \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_

CITY OF ROCHESTER, MN.

APPLICATION FOR ICE CREAM VENDING VEHICLE LICENSE

Covering the period of April 1, 20\_\_ through March 31, 20\_\_

Name of Applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

Social Security \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

Number: \_\_\_\_\_ State Tax Number: \_\_\_\_\_

The following items must be completed and/or accompany the completed application.

1. Number of Vehicles to be licensed: \_\_\_\_\_
2. A description of any operator training program, including documentary materials used in said program.
3. License Fee - \$150.00 per year for first vehicle  
50.00 per year for each additional vehicle
4. Certificate of insurance covering the following:
  - .... not less than \$300,00.00 for personal injury or death resulting from any one occurrence and on account of any one accident
  - .... not less than \$25,000.00 for property damage resulting from any one accident
  - .... if employer, proof of worker's compensation coverage (Minnesota Statute 176.182)

Make Check or Money Order payable to the CITY OF ROCHESTER and return to the OFFICE OF THE CITY CLERK, ROOM 135, 201 4TH ST SE, ROCHESTER, MN. 55904

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

(Signature of Applicant)

*OFFICE USE ONLY*

*Police Department Approval:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Health Department Approval:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Date of Council Approval:* \_\_\_\_\_

*License:* \_\_\_\_\_ *Date License Sent:* \_\_\_\_\_

**RIGHTS OF SUBJECTS OF GOVERNMENT DATA**

**LICENSE AND PERMIT DATA**

**"TENNESSEN WARNING"**

*In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:*

***PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION***

***PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION***

***(MS 13.355 & 13.37(a))***

*The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.*

*The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:*

***CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.***

*Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.*

*You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:*

***THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.  
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.  
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.***

*To exercise these rights, contact the City Clerk's Office, Room 135, City Hall, Rochester, Mn. 55904*

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***I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.***

\_\_\_\_\_  
***(Signature of Data Subject)***

\_\_\_\_\_  
***(Date)***

*White Copy - City Clerk's Office*

*Buff Copy - Applicant*

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