City of Alexandria

704 Broadway, Alexandria, MN 56308
320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

Licensing Year: 1/1 to 12/31 20____

New: ◯ Renewal: ◯

License Fee: $216 per stall

On Street Loading Zones

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Contact Person Information

Legal Name First _____ Middle _____ Last _____

Company Name _____ Phone _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (where future correspondence should be sent):

Street Address _____ City _____ State _____ Zip _____

Business Information: ◯ Corporation ◯ Limited Liability Company ◯ Partnership ◯ Other_____

Name of Company _____

Business Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

_____

_____

Applicant/Licensee Signature _____

Title (if signing on behalf of an organization) _____ Date _____

*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at ariedel@alexandriamn.city. On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

***Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

(FOR OFFICE USE ONLY)

Date Received _____ Date of City Council Approval _____ License # _____

APPLICATION FOR PERMIT

The undersigned hereby makes APPLICATION FOR AN **ON-STREET LOADING ZONE PERMIT**.

FIRM NAME _____

FIRM LOCATION _____

LOCATION OF LOADING ZONE _____

NUMBER OF STALLS _____

ANNUAL PERMIT FEE: **$216.00 PER STALL**

The permit expires December 31, _____.

SIGNATURE _____

TITLE _____

DATE _____