APPLICATION FEE: ***$100.00;*** *EVENT FEE* ***$50.00***
Note: After Sept 1, 2026 an additional $50.00 convenience fee will apply

REVIVE VIRGINIA VENDOR APPLICATION
FOR
2026 FOOD TRUCK FESTIVAL
September 19, 2026

APPLICANT INFORMATION

FIRST NAME MIDDLE (NO INITIALS) LAST NAME

APPLICANT ADDRESS

CITY, STATE, ZIP

APPLICANT BIRTH DATE: PHONE NUMBER:

APPLICANT EMAIL ADDRESS:

BUSINESS INFORMATION

BUSINESS NAME

BUSINESS ADDRESS

CITY, STATE, ZIP

BUSINESS PHONE NUMBER

STATE TAX ID NO. FEDERAL TAX ID NO.

TYPE OF FOOD ITEMS TO BE SOLD:

We try our best to place trucks away from vendors selling like type of food. We cannot guarantee that a neighbor may not have the same food.

TYPE OF DISPLAY OR SERVICE AREA: (tent, truck, etc)

☐ **Tent** - List Size, Material, etc. _____

☐ **Mobile Food Unit:**
List Make, Model, License Plate Number _____

☐ **Other:** Please Describe: _____

ELECTRICAL POWER:

If electrical power is required, please let us know. There is a limit to the number of power locations available and we may not be able to grant your request for power. **FIRST REGISTERED, FIRST SERVED.** ***PLEASE CHECK HERE IF YOU THINK YOU NEED POWER*** ☐

REQUIRED SUBMITTALS – ATTACH THESE ITEMS TO THIS APPLICATION

☐ Check for Application Fee & Event Fee in the amount of $150.00, payable to REVIVE VIRGINIA
☐ Certificate of Insurance with bodily injury limits of $100,000 - $300,000
☐ Current Health Department or Dept. of Agriculture Food Handlers License

Please return your application, fee, and submittals to: ***REVIVE VIRGINIA, PO BOX 396, VIRGINIA MN 55792***

NEW IN 2026!

Food Service Window Location

It is our goal to position all vehicles so that festival visitors can access your truck or stand directly from the street. To help us with placement, please indicate where you serve food from: ☐ **Front** ☐ **Drivers Side** ☐ **Passengers Side** ☐ **Rear**

☐ **Other**_____

Arrival Route & Check-in:

Please help us with smooth entry of the trucks. Please enter Virginia via 2nd Avenue, then turn left or right onto Chestnut Street. PLEASE do not enter Chestnut St. through any other street. Chestnut Street will be closed to regular traffic, but our volunteers will be ready to let you through to find your spot! If you were at our previous events, do you want your same location**?** ☐ **YES SAME LOCATION** ☐ **NO DIFFERENT LOCATION** ☐ **THIS IS MY FIRST TIME HERE** ☐ **I DON'T CARE**

TAX CLEARANCE NOTICE

PURSUANT TO MINNESOTA STATUTE 270.72, *THE LICENSING AUTHORITY IS REQUIRED TO PROVIDE TO THE MINNESOTA COMMISSIONER OF REVENUE YOUR MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER AND THE SOCIAL SECURITY NUMBER OF EACH LICENSE APPLICANT.*UNDER THE MINNESOTA GOVERNMENT DATA PRACTICES ACT AND THE FEDERAL PRIVACY ACT OF 1974, WE ARE REQUI*RED TO ADVISE YOU OF THE FOLLOWING REGARDING THE USE OF THIS INFORMATION:*

1. *THIS INFORMATION MAY BE USED TO DENY THE ISSUANCE, RENEWAL OR TRANSFER OF YOUR LICENSE IN THE EVENT YOU OWE THE MINNESOTA DEPARTMENT OF REVENUE DELINQUENT TAXES, PENALTIES OR INTEREST;*
2. *UPON RECEIVING THIS INFORMATION, THE LICENSING AUTHORITY WILL SUPPLY IT ONLY TO THE MINNESOTA DEPARTMENT OF REVENUE. HOWEVER, UNDER THE FEDERAL EXCHANGE OF INFORMATION AGREEMENT, THE DEPARTMENT OF REVENUE MAY SUPPLY THIS INFORMATION TO THE INTERNAL REVENUE SERVICES;*
3. *FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSING ISSUANCE OR RENEWAL APPLICATION.*

CONSENT

The undersigned hereby agrees to the requirements and obligations as set forth in this application. If issued a license, the applicant agrees to operate in the City of Virginia in accordance with the regulations governing businesses as set forth in the City of Virginia City Code, which includes liability for damage to the use of City light posts and/or electrical outlets. It is understood that failure to conform or abide renders this license null and void.

_____ _____

SIGNATURE OF APPLICANT **DATE**

TO BE COMPLETED BY POLICE DEPARTMENT

Criminal Background Check

Applicant must pass a criminal background check. Certification that the applicant has no past history of violating laws that are declared as unlawful as indicated in City Code, Chapter 6, Section 6.34, Solicitors.

Police Department Signature_____

Title of Signer _____

Notes _____

Have questions? Reach out! Call Jared at 218-293-0302 or email us at ReviveVirginia@gmail.com

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