

License Application Guidelines and Checklist

Application Type: Mobile Food Vehicle Vendor (Food Truck)	
<p>DEFINITION: Mobile Food Vehicle Vendor: A food establishment preparing and/or serving foods from a self-contained vehicle, either motorized or within a trailer on private property or curbside on public streets. The vehicle must be readily movable, without disassembling, for transport. Vehicles may not be kept, stored, or maintained on a residentially zoned property. Street locations are available to all licensed vendors daily on a first-come first-served basis. Operating requirements are listed on Form #4. There may be up to three vendors in parking lots located outside of downtown. No additional license/permit is required to operate at an event (farmers market, block event) but written permission must be obtained from the event organizer who is required to submit to city's health department for approval.</p>	
Staff Initials	<p>APPLICATION CHECKLIST - COMPLETE AND SUBMIT FOR STAFF REVIEW</p> <p>Minneapolis Development Review 250 South 4th Street, Room 300 - Minneapolis, MN 55415 Free Parking.</p>
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Mobile Food Vehicle Vendor Supplemental Application (Form #2)
	<input type="checkbox"/> 3. A Certificate of Liability Insurance must be submitted after approval of your Site Plan and Vehicle Specifications. This is required before a license will be granted. (Sample Form #3) This must be furnished by your Insurance Agent with the mandatory changes. You are required to have public liability, food products liability and property damage insurance in the amount of \$1,000,000 per occurrence to protect license holder, property owners, city, and the district, if applicable, from all claims for damage to property or bodily injury, including death, which may arise from operations.
	<input type="checkbox"/> 4. Certified Food Manager: If you employ a Certified Food Manager, attach a copy of your MN Dept of Health certificate. <input type="checkbox"/> I currently do not employ a Certified Food Manager.
	<input type="checkbox"/> 5. Attach the following from the applicant and each owner, partner, officer, shareholder and Certified Food Manager (if employed). <input type="checkbox"/> A copy of a driver's license or state identification card <input type="checkbox"/> Data Privacy (Form #4) <input type="checkbox"/> Criminal History Report which may be obtained from www.cch.state.mn.us/New Criminal History Search or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN, 651-793-2400. <i>This report must be dated within 30 days of receipt of this application.</i> Anyone who is not a resident of Minnesota must contact the state in which they reside to obtain a criminal history.
	<input type="checkbox"/> 6. Vehicle Plan that conforms to the Mobile Food Vehicle Plan Standards (Form #5). Plans that do not conform to the requirements will be returned to the applicant as incomplete. Include all equipment specifications.
	<input type="checkbox"/> 7. Site Plan of Proposed Private Property Location that conforms to the Mobile Food Vehicle Site Requirements (Form #6). Plans that do not conform to the requirements will be returned to the applicant as incomplete. <input type="checkbox"/> N/A if operating at street locations only.
	<input type="checkbox"/> 8. Letter of Consent (Form #7) This is required if the proposed location is: <input type="checkbox"/> on private property/parking lot. Written consent is required from the property owner. <input type="checkbox"/> within 200 feet of park board property. Written consent from the Minneapolis Park Board may include a permit, agreement, or other required written authorization. <input type="checkbox"/> within 100 feet, on the same block face, and has direct sidewalk access to a restaurant or sidewalk café. Written consent is required from the proprietor of the restaurant. Note: Maintain a copy of this consent in your food truck while operating.
	<input type="checkbox"/> 9. Hold Harmless Statement for Public Property Operations. Attach a signed statement that the license holder shall hold harmless and indemnify the city, any applicable special service district, and their officers and employees, for any claims for damage to property or injury to persons which may be caused by any activity carried on under the terms of the license.
	<input type="checkbox"/> 10. Menu: Attach a copy of the menu and/or list of food items available for sale.
	<input type="checkbox"/> 11. \$ _____ Food Plan Review Fee <input type="checkbox"/> \$ _____ License Fee plus New License Surcharge

Additional Information

1. **Certified Food Manager:** The [Minnesota Food Code](#) requires a food establishment to employ one full-time Certified Food Manager within 45 days of opening.
2. **Your License Application:**
 - a. Incomplete applications will be returned.
 - b. All applications must be signed by an owner, partner, or principal.
 - c. No license will be issued for a period longer than one year. Licenses are not transferable.
 - d. Make a duplicate copy of this packet for your personal records before submitting.
 - e. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
 - f. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.
3. **Information in Other Languages:** Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

Food License Application

I. APPLICANT INFORMATION			
Legal Company Name	Business Name/DBA		
Business Address	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____		
Mailing Address (if Different than Business Address)	City	State	Zip Code
Minnesota Sales Tax ID Number , Social Security Number, or Individual Tax ID Number			
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date		
II. BUSINESS INFORMATION			
1. License(s) Requested			
2. As an Applicant/Licensee, I am <input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Starting a new business in an existing building. (New Business) <input type="checkbox"/> Taking over an existing business (New Owner) Name of Previous Tenant _____ Name of existing business _____ <input type="checkbox"/> Equipment Changes. Provide equipment info and photos. <input type="checkbox"/> Remodeling Only			
3. Company Operations Is business over 5,000 sq ft.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many facilities? _____			
INTERIOR		EXTERIOR	
Gross Square Footage for Business Use _____		Gross Square Footage for Business Use _____	
Seating Capacity _____ Fire Occupancy _____		Seating Capacity _____ Total Customer Capacity _____	
Hours of Operation		Hours of Operation	
Describe in detail the principal products and/or services rendered.			

4. Entertainment: Check all categories of entertainment you are planning to provide on your premises.

No entertainment.

Limited Entertainment: Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV/radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.

General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.

Adult Entertainment: Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

5. Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Contractor or Building Manager
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Explain the scope of the remodeling or construction.

III. OWNERS, PARTNERS, OFFICERS

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth

Have any of the people listed above been convicted of a crime? YES NO
 If Yes, please provide or attach specific information about date s and conviction .

IV. BACKGROUND INFORMATION

1. List any licenses you currently have or previously held in Minneapolis (Business or Individual).

2. Have you ever had a business license denied or revoked by Minneapolis or another government entity? YES NO
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

3. Are you sharing the licensed premises with any other business? Yes No If yes, describe.

V. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

VI. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____

VII. VEHICLES

Will there be vehicles used in the business? YES NO

Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

VIII. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

Supplemental License Application Mobile Food Vehicle Vendor (Food Truck)

1. APPLICANT INFORMATION			
Legal/Corporate Name of Business	Business Name/DBA		
Business/Mailing Address	City	State	Zip Code
Licensed Kitchen Address (Must be in Minneapolis)	City	State	Zip Code
2. BUSINESS INFORMATION			
<input type="checkbox"/> Street Locations Only. No operations will occur at parking lot locations.			
<input type="checkbox"/> Both Street and Parking Lot Locations. List your primary and secondary choices for parking lot sites. This should not include information for community events.			
<input type="checkbox"/> Parking Lot Locations Only. List your primary and secondary choices for parking lot sites. This should not include information for community events.			
Primary Parking Lot Vending Site Address/Location/Description	Secondary Parking Lot Vending Site Address/Location/Description		
Is your proposed location: <input type="checkbox"/> On a bus lane? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> On or within 200 feet of park board property? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> On a street where a restaurant or sidewalk café with direct access to the sidewalk/street is adjacent to/or within 100 feet, and on the same block face of this location? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3.. VERIFICATION			
I (print name) _____, an authorized corporate officer, partner, or owner, hereby acknowledge that the above information is true and correct to the best of my knowledge.			
SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____			

City of Minneapolis Requirements for Insurance Certificates

#5

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <hr/> INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
INSURED	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY † COMMERCIAL GENERAL LIABILITY † CLAIMS MADE † OCCUR † _____ † _____ GEN'L AGGREGATE LIMIT APPLIES PER: † POLICY † PROJECT † LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE PRODUCTS - COMPOP AGG \$
	AUTOMOBILE LIABILITY † ANY AUTO † ALL OWNED AUTOS † SCHEDULED AUTOS † HIRED AUTOS † NON-OWNED AUTOS † _____ † _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY † ANY AUTO † _____				AUTO ONLY - (Ea Accident) \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY † OCCUR † CLAIMS MADE † DEDUCTIBLE † RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED: INSURER LETTER

Original signature or stamp of Agent.

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1 City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.

Minneapolis Police Department

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed.

The information you provide is public and will be used by the **Minneapolis Police Department, License Inspection Unit** and/or the **Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.**

**AUTHORIZATION FOR RELEASE OF INFORMATION
(ONLY PRINT OR TYPE LEGIBLY)**

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Applicant _____
Last Name First Name Middle Name

Also Known As _____ Date of Birth: _____

Driver's License Number _____ Expiration Date _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature _____ Date _____

Mobile Food Vehicle Plan Standards

Submit the following plan review information with the plan review fee at Minneapolis Development Review, 250 South Fourth Street, Room 300.

Plan Review Requirements

1. Equipment list and cut sheets to support the menu preparation
2. Details on food preparation, methods and processes
3. Name and address of the affiliated licensed food establishment in Minneapolis OR written consent from the affiliated licensed food establishment in Minneapolis
4. Additional equipment or changes for applicant use in the affiliated licensed food establishment
5. Copy of the standard operating procedures for cleaning and sanitizing the equipment and vehicle at the affiliated licensed food establishment in Minneapolis
6. Documented process of filling for fresh water
7. Documented process of dumping of the grey water

Plans & Specifications

1. Floor plan drawn to scale
2. Location of all equipment
3. Finish schedule of floor, coving, walls and ceiling
4. Manufacturer's specification sheets with the NSF approval
5. Water heater capacity
6. Fresh water capacity
7. Grey water capacity

Plan Review Fee

1. [Fees](#) are listed on the Business Licenses' website.
2. The fee will be listed in the "Food" section under "Food Plan Review Fees."
3. Use the following risk category definitions to determine your fee:

Risk 1: Potentially hazardous foods that require extensive processing including but not limited to handling, cooling, reheating, holding for service and/or advanced preparation.

Risk 2: Foods that require minimal holding time, less extensive processing, but extensive handling. Examples include meat market, fast food, bakery, pizza shop or a facility that serves a large volume of foods.

Risk 3: Foods that do not meet Risk 1 or Risk 2 criteria such as prepackaged food items: pop, chips, candy, frozen treats, canned goods, bottled milk, for example.

Final Environmental Health Inspection

A final inspection will be required prior to approval of the permit to operate. Call 311 or 612-673-3000 and request a "Food Safety Call Back Request."

Continued on next page.

Mobile Food Vehicle Requirements

1. Vehicles must provide independent power supply which is screened from view. Generators are permitted. Indicate this in your specification and/or drawing.
2. The height of the mobile food vehicle, including all accessory equipment, cannot exceed thirteen feet six inches (13' 6").
3. Vehicles may not have external signage, bollards, seating or any other equipment not contained within the vehicle. Signs must comply with [Zoning Code](#) requirements.
4. Vehicles may not maintain or use outside sound amplifying equipment, televisions or other similar visual entertainment devices, lights or noisemakers such as bells, horns or whistles.
5. Propane tanks must be attached to, or within, the mobile food vehicle and the mobile food vehicle must allow for adequate ventilation and screening of the tank.
6. The mobile food vehicle shall meet all requirements needed to obtain licenses from the City of Minneapolis and the State of Minnesota.

Drawing / Photograph Requirements

1. One (1) isometric drawing, 2" = 1', in color of at least two views showing all four sides of the proposed mobile food vehicle and any logos, printing or signs which will be incorporated in the design. For existing mobile food vehicles, a 5" x 7" color photograph may be substituted.
2. Any additional items such as color and material samples, layouts of signs, graphics or photographs which are necessary to evaluate the proposed design.
3. All drawings, discs, and photographs are non-returnable.

Street Location Operating Requirements

1. [Street locations](#) are available to all licensed vendors daily on a first-come first-served basis.
2. Mobile food vehicle license holders must comply with all ordinances, regulations, parking zones and posted signs.
3. Vehicles must be parked within one foot of the curb.
4. Sales must be made only on the curbside of the vehicle.
5. If vehicle is parked at a meter, fees must be paid. Additionally, owner/vehicle cannot
 - a. occupy more than two parking spaces (including space required for trailer, hitch, etc);
 - b. violate meter restrictions including short-term, hooded, and temporarily out of service meters;
 - c. park at a meter located on a bicycle lane;
 - d. or reserve, block or barricade any metered parking spot.
6. An obstruction permit is required for vehicles operating in bus lanes. <http://www.minneapolis.mn.roway.net/>.

Licenses and Consumer Services

350 South 5th Street – Room 1

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Mobile Food Vehicle Vendor Site Requirements

Parking Lot Locations

(This is not required for Street Locations.)

Private property parking lot locations require written consent from the owner and must be approved. There may be up to three vendors in parking lots located outside of downtown.

- 2. Mobile food vehicles cannot block drive aisles, substantially impair the movement of pedestrians or vehicles, or pose a hazard to public safety. Pedestrian walkway of no less than six (6) feet must be maintained around the mobile food vehicle. Ingress and egress must be through existing driveway openings only.
- 3. Mobile food vehicles cannot be located
 - a. adjacent to a bus stop, taxi stand, or handicap loading zone;
 - b. within thirty (30) feet of an intersection or within three (3) feet of a curb;
 - or c. directly in front of a commercial entryway.
- 4. Mobile food vehicles may not be located within five hundred (500) feet of a civic event or a regional sports arena, without written consent of the organization.
- 5. The site shall not be within
 - a. (10) ten feet of the intersection of the sidewalk;
 - b. (8) eight feet of the adjacent property line;
 - c. (10) ten feet of the extension of any building entrance or doorway, to the curb line; or
 - d. (10) ten feet of any access ramp or parking space designated as disabled.

Site Plan Requirements:

- 1. A site plan drawing, 2" = 1' or ¼" = 1', showing the mobile food vehicle location in relation to fixed elements on the site. This should be submitted on 8 ½ x 11 paper. Include DBA, licensed kitchen address/location, and name and telephone number of contact person.
- 2. Label street names and the location where the mobile food vehicle will be parked.
- 3. Provide a description of how the vehicle will access the site.
- 4. Include measurements of the distance from the site to:
 - a. sidewalk
 - intersection b.
 - adjacent property
 - line c. building
 - entrance
 - d. parking lot entrance and exit
 - e. handicap parking spo

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LETTER OF CONSENT

This letter hereby authorizes _____ to park a mobile food vehicle adjacent to
(Owner of mobile food vehicle)
my restaurant private property park board property located at _____.
(address of property)

This consent shall run concurrent with the license. If at any time the license expires or is revoked, this consent shall be void. The owner and operator of the mobile food vehicle is required to comply with all applicable sections of the Minneapolis Code of Ordinances (MCO) and State of Minnesota statutes. Failure to do so will cause the license for said location to be revoked.

I understand this consent may be revoked in writing with the revocation to become final on March 31st of the same calendar year. I understand that no monetary compensation, either present or future, is involved in the granting of this consent.

The mobile food vehicle vendor agrees to hold harmless property owner park board for any claims for damage to property or injury to persons which may be caused by any activity in connection with the issuance of any mobile food vendor license.

**OWNER OF PROPERTY
OR PARK BOARD
REPRESENTATIVE**

Name _____
(please print)

Signature _____
(owner or legal representative)

Title _____

Telephone Number _____

Date _____

VENDOR

Name _____
(please print)

Signature _____
(owner of mobile food vehicle)

Telephone Number _____

Date _____