



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

For Office Use Only
DBA:
Expiration: April 1
License Code: 12
Rev Code: 311009
MCO: 188
Adm Issuance: YES
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Food Cart Vendor, Sidewalk

DEFINITION: Food Cart Vendor, Sidewalk: An individual who sells prepackaged or limited ready-to-eat foods from a mobile cart on public sidewalks and private property downtown. [Available locations](#) and [Frequently Asked Questions](#) are listed on the Business Licenses' website.

SIMILAR LICENSES: Mobile Food Vendor Vehicle: A food establishment preparing and/or serving foods from a self-contained vehicle, either motorized or within a trailer and readily movable, without disassembling, for transport to another location.

Application Checklist – Submit the following to:
Minneapolis Development Review, 250 South 4th Street, Room 300 Public Service Center
 Minneapolis, MN 55415 - [Free Parking](#)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. License Application – Sidewalk Food Cart Vendor (Form #1) |
| <input type="checkbox"/> | 2. Health Addendum (Form #2) |
| <input type="checkbox"/> | 3. Food Establishment Plan Review Application (Form # 3) – Vehicle and Site Plan are required for approval. Visit our website for questions regarding the list of approved foods . |
| <input type="checkbox"/> | 4. Food Plan Review Fee \$ _____ |
| <input type="checkbox"/> | 5. Cart Plan that conforms to the Sidewalk Food Cart Standards (Form #4). Plans that do not conform to the requirements will be returned to the applicant as incomplete. |
| <input type="checkbox"/> | 6. Site Plan of the Proposed Location that conforms to the Sidewalk Food Cart Food Requirements (Form #5) and MCO: 188.510. Plans that do not conform to the requirements will be returned to the applicant as incomplete. Prior to application approval, License staff will forward plans for review to:
<input type="checkbox"/> Department of Public Works
<input type="checkbox"/> Downtown Improvement District (Nicollet Mall only). |
| <input type="checkbox"/> | 7. Letter of Consent if cart is located on private property (Form # 7)
<input type="checkbox"/> Not Required / located on public property |
| <input type="checkbox"/> | 8. Certificate of Liability Insurance (Sample Form #8). This must be submitted after approval of your Site Plan and Cart Plan. This must be furnished by your insurance agent and submitted before a license will be issued. You are required to have general liability that includes the following coverages.
<input type="checkbox"/> \$100,000 per individual and \$300,000 per single incident.
<input type="checkbox"/> \$10,000 for property damage.
<input type="checkbox"/> The City of Minneapolis shall be named as an additional insured. |
| <input type="checkbox"/> | 9. Fee: _____ plus New License Surcharge: _____ |
| <input type="checkbox"/> | 10. Submit two copies of your application to expedite review. (Items 1 – 9 above) |

This Section To Be Completed by Minneapolis Development Review Coordinator

DC: _____ Temporary License Number: _____
 Date Sent to EH _____ EH Staff Initials _____ Date Returned to MDR _____

ADDITIONAL INFORMATION

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.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181

Minneapolis Code of Ordinances: For specific ordinance requirements, see [MCO:](#) Chapter 188.510.

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.



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www.minneapolismn.gov/business-licensing

FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type(s) of License
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number
Legal Corporate Name of Business
Business Address/Location
Mailing Address (if Different than Business Address)
Name of Person Filling out this Application
E-mail Address
Name of Manager and Home Address
Type of Ownership: Sole Proprietor, Corporation, Partnership, LLC, Non-Profit
Date of Incorporation
State of Incorporation

Is this business publicly traded? Yes No

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

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

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

3. BUSINESS INFORMATION

Square Footage for Business Use

Hours of Operation

Describe in detail the principal products, types of entertainment or services rendered.

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

Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
If Yes, indicate date of denial/revocation, government agency, reason for denial or revocation.

Are you planning or have you completed any construction or remodeling? Yes No

Name of Contractor or Building Manager

Explain the scope of the remodeling or construction:

Workers' Compensation Company

Policy Number

Dates of Coverage

-----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.

4. VEHICLES

Will there be vehicles used in the business? Yes No (Attach additional sheets if necessary)

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

5. 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 Social Security number, Minnesota Tax ID 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. Upon submission of this application, all information 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.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____



HEALTH ADDENDUM

PART 1 – TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business	Address
Proposed Date of Opening	Number of Customer Seats <input type="checkbox"/> N/A
Gross Square Footage	Net Square Footage of the Retail Area <input type="checkbox"/> N/A
License(s) Requested:	
As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building. (New business)	
<input type="checkbox"/> Starting a new business in an existing building. Name of previous tenant _____	
<input type="checkbox"/> Taking over an existing business. (New owner) Name of existing business _____	
<input type="checkbox"/> Remodeling.	
<input type="checkbox"/> Equipment changes. Provide equipment information and photos.	
<input type="checkbox"/> Adding new license to an existing business.	

2. FOOD PROCESSES – CHECK ALL THAT APPLY

<input type="checkbox"/> Canning and pickling	<input type="checkbox"/> Raw and undercooked proteins (eggs, meats, poultry, fish, and seafood)
<input type="checkbox"/> Curing and smoking using nitrates or nitrites (pink salt)	<input type="checkbox"/> Vacuum packaging
<input type="checkbox"/> Juice pressing or bottling	

Provide additional documentation and/or descriptions for any box checked.

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____ Attach a copy of current [MN Dept of Health certificate](#).

4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION

If your business caters, distributes, or transports food from one location to another, please provide the following information in writing:

<input type="checkbox"/> Name and location of commissary kitchen	<input type="checkbox"/> How food will be protected during transport
<input type="checkbox"/> Who and where food is distributed	<input type="checkbox"/> Who and where food is distributed/transported to
<input type="checkbox"/> Description and method of distribution (hot vs cold)	<input type="checkbox"/> List and spec sheets of equipment for storing and transporting foods (must be NSF or equivalent)
<input type="checkbox"/> Description and method of transportation	

5. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? Yes No

What type of work will you be doing? General Building Plumbing Mechanical Electrical Other(Explain)

Have plans been submitted to: Minneapolis Development Review Yes No Environmental Health Plan Review Yes No

Have you obtained the necessary permits? Yes No

Signature of Applicant _____ Date _____

PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? Yes No

Are there outstanding upgrades or compliance issues? Yes (Explain) No See attached report.

Final Inspection Required: Yes No

Yes. I recommend to License Department to proceed.

No. This application is not recommended to License Department to proceed. Reason for Hold:

RISK LEVEL: 1 2 3

Signature of EH Official _____ Printed Name: _____ Date: _____



ENVIRONMENTAL HEALTH & FOOD SAFETY
250 SOUTH 4TH STREET, ROOM 300
MINNEAPOLIS, MN 55415
PHONE: (612) 673-2170, FAX: (612) 673-5819

FOR OFFICE USE ONLY	
LICENSE ID NUMBER: _____	
FEE: \$ _____	
LICENSE CLERK: _____	DATE: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

#3

BUSINESS & OWNER INFORMATION			
NAME OF PROPOSED BUSINESS (PLEASE PRINT): _____		TELEPHONE NUMBER: _____	
STREET ADDRESS OF PROPOSED BUSINESS: _____		CITY: _____	STATE: _____ ZIP CODE: _____
NAME OF OWNER: _____	EMAIL ADDRESS: _____		TELEPHONE NUMBER: _____
MAILING ADDRESS OF OWNER: _____		CITY: _____	STATE: _____ ZIP CODE: _____
APPLICANT INFORMATION			
NAME OF APPLICANT: _____		TELEPHONE NUMBER: _____	
MAILING ADDRESS OF APPLICANT: _____		CITY: _____	STATE: _____ ZIP CODE: _____
TITLE OF APPLICANT: (OWNER, MANAGER, ARCHITECT, CONSULTANT, ETC.) _____		EMAIL ADDRESS: _____	
CONSTRUCTION CATEGORY (check one)			
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> CHANGE OF LOCATION		
<input type="checkbox"/> REMODEL (New Owner, Same Business)	<input type="checkbox"/> REMODEL (New Owner, Different Business)		
<input type="checkbox"/> REMODEL (Same Owner, Same Business)	<input type="checkbox"/> REMODEL (Same Owner, Different Business)		
LICENSE CATEGORY (check all that apply)			
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> GROCERY		
<input type="checkbox"/> FOOD MANUFACTURER	<input type="checkbox"/> CONFECTIONERY		
<input type="checkbox"/> MEAT MARKET	<input type="checkbox"/> OTHER: (Please specify) _____		
TYPE OF SERVICE (Check all that apply)			
<input type="checkbox"/> SIT DOWN MEALS	<input type="checkbox"/> MOBILE VENDOR	<input type="checkbox"/> OTHER: (Please specify) _____	
<input type="checkbox"/> TAKE OUT	<input type="checkbox"/> DELIVERY	_____	
<input type="checkbox"/> CATERING	<input type="checkbox"/> LIQUOR	_____	
PROPOSED HOURS OF OPERATION (Must Conform to City of Minneapolis Ordinances)			
<input type="checkbox"/> SUNDAY: _____	<input type="checkbox"/> THURSDAY: _____		
<input type="checkbox"/> MONDAY: _____	<input type="checkbox"/> FRIDAY: _____		
<input type="checkbox"/> TUESDAY: _____	<input type="checkbox"/> SATURDAY: _____		
<input type="checkbox"/> WEDNESDAY: _____			
OTHER INFORMATION			
TOTAL SQUARE FOOTAGE OF FACILITY: _____	NUMBER OF SEATS: _____		
NUMBER OF EMPLOYEES (Max per shift): _____	NUMBER OF FLOORS OPERATIONS ARE CONDUCTED: _____		
PROJECTED DATE FOR START OF PROJECT: _____			
PROJECTED DATE FOR COMPLETION OF PROJECT: _____			
NAME OF CERTIFIED FOOD MANAGER: _____		COURSE DATE AND/OR EXPIRATION DATE: _____	
Note: If processing potentially hazardous food products, must have certified food manager onsite before opening for business.			
PRINT NAME: _____	SIGNATURE OF APPLICANT: _____		DATE SIGNED: _____

Fees must be paid when plans are submitted (see "Food Establishment Plan Review Guide" for risk and fee).
MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNEAPOLIS FINANCE

4/23/2009



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SIDEWALK FOOD CART STANDARDS

1. Propane is the standard and permitted method of providing a heating and cooling source for your sidewalk food cart.
2. The dimensions of the cart cannot exceed eight (8) feet in height, eight (8) feet in length, and four (4) feet in width. Carts may be equipped with an umbrella or awning which may overhang by a maximum of 12 inches in any direction.
3. Carts must be capable of being moved by one person.
4. Carts can only operate between 7 am and 11 pm on any day.
5. Every license holder shall maintain a permanent location within the City of Minneapolis for storage, preparation, cleaning and servicing. The permanent location must be a licensed food facility. The sidewalk food cart must return to the permanent location at least once daily for cleaning and serving.
6. A general [list of approved foods](#) which are allowed to be sold by Sidewalk food cart vendors is available from the Minneapolis Environmental Health Division. All food and beverage items must be approved prior to selling.
7. The sidewalk food cart shall meet all requirements needed to obtain permits from the City of Minneapolis and the State of Minnesota.
8. Licenses are not transferable to any other cart or location.
9. No location already requested will be available for selection/approval.
10. For additional information, see the Minneapolis Code of Ordinances, Chapter [188.510](#).



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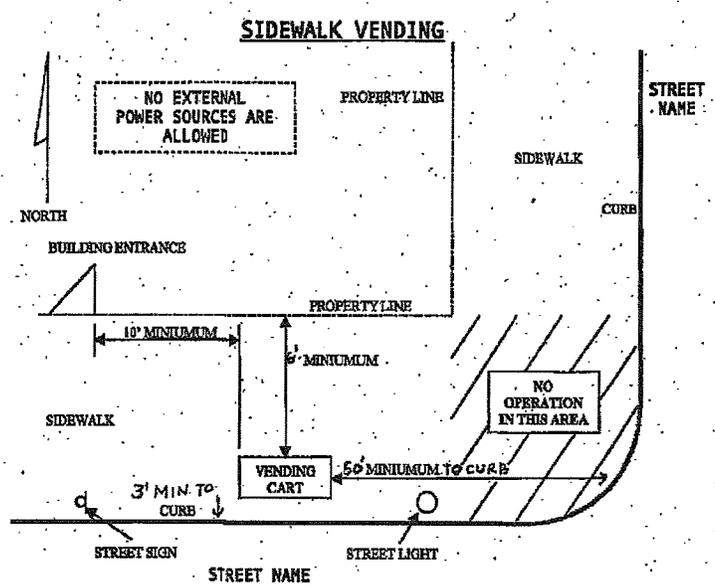
SIDEWALK FOOD CART SITE PLAN

1. Sidewalk food carts are only allowed to operate at approved locations within the downtown boundaries of the City of Minneapolis as defined in Minneapolis Code of Ordinances Chapter 188.510(5).
2. Sidewalk food carts cannot substantially impair the movement of pedestrians or vehicles or pose a hazard to public safety. A pedestrian walkway of no less than six (6) feet must be maintained around the mobile food cart.
3. Sidewalk food carts cannot be located
 - a. adjacent to a bus stop, taxi stand, or handicap loading zone;
 - b. within fifty (50) feet of an intersection or within three (3) feet of a curb; or
 - c. directly in front of a commercial entryway.
4. A list of available locations on the Nicollet Mall will be provided to applicants. Some sidewalks near the Twin's Stadium are not available to sidewalk food carts.

Site Plan Requirements:

1. Draw a site plan to scale showing the sidewalk food cart location in relation to fixed elements on the sidewalk. This must be submitted on 8 1/2 x 11 paper. Include DBA, vending site address and the name and telephone number of contact person.
2. Label street names and the location where the sidewalk food cart will be parked.
3. Include measurements of the distance from the site to:
 - a. sidewalk intersection
 - b. adjacent property line
 - c. building entrance
 - d. disabled parking or access ramp
 - e. newsracks
 - f. parking meters
 - g. street lights
 - h. sign posts
 - i. light poles
 - j. bike stands
 - k. trees
 - l. fire hydrants
 - m. planters
 - n. bus shelters
 - o. other fixtures

SITE PLAN EXAMPLE:
(not to scale)



All drawings, discs, and photographs are non-returnable.



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Letter of Consent

This letter hereby authorizes _____ to park a sidewalk food cart on my
(owner of sidewalk food cart)

Private property located at _____ This consent shall run
(address of property)

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 sidewalk food cart is required to comply with all applicable sections of the Minneapolis Code of Ordinances (MCO). Failure to do so will cause the license for said location to be revoked.

**OWNER
OF
PROPERTY**

Name _____
(please print)

Signature _____
(owner or legal representative)

Title _____

Telephone Number _____

Date _____

VENDOR

Name _____
(please print)

Signature _____
(owner of sidewalk food cart)

Telephone Number _____

Date _____

