City of Minneapolis
Licenses and Consumer Services
250 South 4th Street – Room 300
Minneapolis, MN 55415
Phone: 612-673-3000 or 311
Fax: 612-673-2635 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
DBA:
Expiration: April 1
License Code: 308
Rev Code: 311009
MCO: 201
Adm Issuance: YES
LICENSE ID #
CSR:

License Guidelines and Checklist

License Type: Market Distributor

Definition: A vendor who is selling prepackaged foods or re-selling fresh produce for off-site consumption.

If a vendor is selling or handling foods for immediate consumption, a Market Manufacturer license is required.

Contact Environmental Health Inspector at 612-673-2895 for questions, eligibility, requirements, fees, etc. A complete set of definitions and requirements can be found on page 5 of this application packet.

Staff Initials	Application Checklist Submit/Mail your completed application to Minneapolis Development Review, 250 South 4th Street, Room 300, Minneapolis, MN 55415
	☐ **1. License Guidelines and Checklist** (this form)
	☐ **2. License Application** (Form # 1)
	☐ **3. Market Vendor Plan Review Application** (Form # 2) Use this checklist as a guide to help complete Form 2. Attach (and check off) each of the following to the Plan Review Application form: ☐ **A Site Plan** illustrating your equipment location and layout in the booth. ☐ **Equipment Specifications** showing that the equipment you are using is NSF certified or equivalent. ☐ **A copy of labels, if applicable** ☐ **A copy of sampling procedures, if applicable** ☐ **A letter from the licensee or leaseholder of the licensed commercial kitchen, if you prepare food products off-site, along with a copy of their license certificate.** The letter must state that your food products are prepared at that kitchen. ☐ I do not prepare food off-site at a licensed facility. ☐ **Farm Processor ONLY:** Attach a letter from the operator of the facility where your meat/poultry is processed stating that the products you are selling are slaughtered and processed at their facility. The letter must contain the name, address and phone number for the facility. Include a copy of the facility's license or grant of inspection. ☐ **If the following is not included on your Plan Review Application form, describe:** ☐ How food temperatures will be monitored for potentially hazardous foods; ☐ Where equipment and food will be stored prior to transport to the market; ☐ How food will be protected from contamination and the elements.
	☐ **4. Market Vendor Plan Review Fee: _____** Please write a **separate check for this fee** or your application will be rejected and returned to you.
	☐ **5.** License **Fee: _____plus New License Surcharge:_____**

This section to be completed by Licensing Staff at MDR Counter and by Environmental Health Staff

Date received by LIC staff at MDR, reviewed for completion, entered/imaged/AI into KIVA, and forwarded to EH staff via folder or returned to applicant as incomplete. Date _____ Initials _____ Date received by EH staff. Date _____ Initials _____
Date returned to LIC staff for final approval Date _____ Initials _____

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 Identification Number: 651-296-6181
g. Make checks payable to Minneapolis Finance.

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.

Form #1

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

City of Minneapolis
Licenses and Consumer Services
250 South 4th Street – Room 300
Minneapolis, MN 55415
Phone: 612-673-3000 or 311
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LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type of License (Check ONLY One)

Market Vendor: An individual selling goods or services at a local market. ☐ **Market Distributor** ☐ **Market Manufacturer**

Public Market: A place for vendors to sell goods or services. ☐ **Farmers Market** ☐ **Mini Market** ☐ **Produce & Craft Market**

Name of Applicant	**Title**	**Date of Birth**
Home Address of Applicant		**Business Telephone Number**
Mailing Address (if different than home address)		**Individual Tax ID, MN Sales Tax ID, or Social Security Number (Required)**
E-mail Address	**Fax Number**	**Cell Phone Number**
Market Address (for public market applicants only)		
Legal Name of Business	**Trade Name/DBA (If applicable)**	
Type of Ownership: ☐ **Corporation** ☐ **LLC** ☐ **Sole Proprietor** ☐ **Partnership** ☐ **Non-Profit**	**Date of Incorporation**	**State of Incorporation**

☐ **If market is non-profit or owned by a non-profit, attach a list of board members. This does not apply to Market Distributors or Market Manufacturers.**

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**

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

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

Workers' Compensation Company	Policy Number	Dates of Coverage

----------Or----------

I certify that I am not required to carry worker's 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. VERIFICATON

I certify that I have read and agree to follow the attached food safety guidelines. I understand that I am required to learn and follow the City of Minneapolis and State of Minnesota Food Code requirements as they pertain to markets. Failure to comply may result in administrative citations and/or other legal actions including the immediate revocation of any licenses issued to me under this application. Giving false information in the application constitutes cause for immediate revocation of any licenses issued. I will not allow the use of this license by any other person. I understand and agree that if a license is issued to me, I will use it for the sole purpose of providing/serving food directly to the public at the market.

Check **ONLY** One:

☐ **Food Market Distributor:** I agree that if I am a reseller of fresh produce that I will distribute produce only when it is not in season and not available at the market from agricultural producers. I will not handle food that is not prepackaged unless sampling.

☐ **Food Market Manufacturer:** I agree that I have completed an approved two hour food handler safety class.

☐ **Farmers Market:** I agree that a minimum of sixty (60) percent of my total market vendors will be agricultural producers between the dates set by the Farmers Market Nutrition Program. Also, a maximum of twenty-five (25) percent of my totally market vendors will be non-food vendors. I confirm that my market will take place outdoors and not host more than six (6) indoor events per year in the designated area approved by the City of Minneapolis staff.

☐ **Mini Market:** I agree that will not have more than five (5) market vendors present at any time of market operation and that at least one of these vendors will be an agricultural producer. No more than one (1) vendor will be a food market distributor of fresh fruit only when not in season locally and only one (1) market vendor will be a home processor selling foods for off-site consumption. My mini market will not contain any of the following vendors: Food market manufacturer, vendors of foods for immediate consumption, craft producers, vendors of services or plant vendors. I confirm that my market will take place outdoors and not host more than six (6) indoor events per year in the designated area approved by the City of Minneapolis staff.

☐ **Produce and Craft Market:** I agree that my market will have a minimum of thirty (30) percent of my total market vendors be food market vendors and maximum of one (1) market vendor or ten (10) percent whichever is greater being food market distributors.

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, (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_____**DATE**_____

PRINT NAME_____**TITLE**_____

Form #2

ENVIRONMENTAL HEALTH
250 SOUTH 4TH STREET, ROOM 300
MINNEAPOLIS, MN 55415
PHONE: (612) 673-3000 or 311 FAX: (612) 673-2635
www.ci.minneapolis.mn.us/environmentalhealth

FOR OFFICE USE ONLY	
CHECK #:	AMOUNT:
DATE:	
REVIEWED BY:	

MARKET VENDOR PLAN REVIEW APPLICATION

MARKETS TO BE ATTENDED		
1. NAME OF MARKET	ADDRESS:	MARKET CONTACT PERSON AND PHONE:
2. NAME OF MARKET	ADDRESS:	MARKET CONTACT PERSON AND PHONE:
3. NAME OF MARKET	ADDRESS:	MARKET CONTACT PERSON AND PHONE:

LICENSE CATEGORY (check all that apply)

☐ FARM PROCESSOR ☐ HOME PROCESSOR ☐ MARKET DISTRIBUTOR ☐ MARKET MANUFACTURER
☐ MEAT/POULTRY PROCESSOR ☐ PICKLE BILL APPLICANT ☐ WILD HARVESTER

TYPE OF SERVICE (check all that apply)

☐ COOKING FOODS (FOR SAMPLING OR SALE) ☐ HOLDING FOODS COLD ☐ HOLDING FOODS HOT
☐ REHEATING FOODS ON SITE (FOR SAMPLING OR SALE) ☐ SALE OF PREPACKAGED FOODS ☐ SALE OF PREPACKAGED/REFRIGERATED/FROZEN FOODS
☐ OTHER: (please specify) _____

1. LIST OF PRODUCTS SOLD (List or attach copy)

2. NAME AND ADDRESS OF WHERE PRODUCTS WILL BE PREPARED AND FOOD PREPARATION DESCRIPTION
(Onsite or address of approved licensed commercial kitchen)

2a. Name and Address:

2b. Describe food preparation offsite or indicate N/A.

2c. Describe food preparation onsite at market/event or indicate N/A.

3. LIST OF PRODUCT SUPPLIERS (e.g., Grocery stores or distributors where foods and ingredients are purchased or premade.)

4. HOW PRODUCTS WILL BE TRANSPORTED (Include the type of equipment and vehicle to be used to transport food items to market/event.)

5. LIST ALL EQUIPMENT TO BE USED (All equipment must meet current National Sanitation Foundation (NSF) standards or equivalent.)

FOOD SAFETY COURSE COMPLETION (REQUIRED for FOOD MARKET MANUFACTURERS ONLY)

NAME OF CERTIFIED FOOD MANAGER_____ ☐ATTACH A COPY OF CURRENT MN Dept of Health Certificate

NAME OF FOOD SAFETY COURSE_____ DATE _____

APPLICANT NAME (PRINT)	SIGNATURE	DATE
ENVIRONMENTAL HEALTH STAFF REPRESENTATIVE NAME(PRINT)	SIGNATURE	DATE

PLAN REVIEW FEES MUST BE PAID WHEN SUBMITTING YOUR PLAN WITH A CHECK/MONEY ORDER PAYABLE TO MINNEAPOLIS FINANCE.

Definitions and License Requirements

Minneapolis Code of Ordinances, Chapter 201.10

The following types of foods **CANNOT** be sold under any of the exemptions below: apple or fruit juice; pumpkin pies; custard pies; cream puffs; low acid canned foods such as green beans, corn, peas, mushrooms, soups, meat, fish, or eggs; any other ready-to-eat, potentially hazardous food products containing meat, eggs, dairy, or any product that requires refrigeration. Preparation for these products must occur in a licensed commercial kitchen and you will need either a Market Distributor (off-site consumption, no food handling on-site) or Market Manufacturer (immediate consumption, food handling on-site) license. Applications are available by clicking the underlined words.

Agricultural Producer: A grower, farm processor, or a group of growers or farmer processors belonging to a growers' cooperative, or wild-harvester, that is principally engaged in the production of farm and wild-harvested products. Contact your Market Manager for application materials.

Craft Producer: A market vendor who manufactures or crafts non-food goods by the force of their own labor, who has control over the means and methods of production, and who assumes the principal financial and liability risk for the production enterprise. No license required. Call the State of Minnesota, 651-296-6181, for sales tax requirements.

Farm Processor: A market vendor who sells products that are grown, raised or harvested on land owned or leased by the farm processor and which products may have additional ingredients added that are not grown, raised or harvested by them on their land such as to produce sausage, bacon, cheese etc., and who is licensed according to Minnesota law or city ordinance. Contact your Market Manager for application materials.

Farmers Market: A primarily outdoor recurring event, created for public benefit, where on designated days and times, a group of market vendors consisting principally of agricultural producers (and may include food market manufacturers, food market distributors, craft producers, home processors and vendors of services) are organized for the purpose of selling their products directly to the public.

Food Market Distributor: A market vendor who sells fresh produce purchased from retail stores, wholesalers or agricultural producers, or sells prepackaged foods for **off-site consumption** (excluding home processors) provided that the vendor does not handle unpackaged food while at the market.

Food Market Manufacturer: A market vendor who sells and handles foods prepared for **immediate consumption** at the market.

Grower: A market vendor who sells products that are grown, raised or harvested on land owned or leased by grower including vegetables, fruits, eggs, meats (without added ingredients), plants, flowers, honey, maple syrup, etc. Contact your Market Manager for application materials.

Home Processed Foods: Products made through the transformation of raw ingredients into a finished food product prepared in the home including, but not limited to, jams, jellies, pickles, baked goods and confections.

Home Processor: A market vendor who sells home processed foods prepared by market vendor who has control over the means and methods of production, assumes principal financial and liability risk for the production enterprise, and who is not regularly engaged in the business of manufacturing and selling food.

Immediately Consumable: Products made through the transformation of raw ingredients into a finished food product intended for consumption at the farmers market including, but not limited to, any foods sold which are heated or prepared on-site, beverages, ice cream, or services that are provided during the designated days and times of the market.

Market Manager: The designated contact person responsible for the supervision, management, and control of the farmers market, mini market, municipal market, or produce and craft market.

Market Vendor: Any person or entity selling goods or services at a municipal, farmers, mini, or produce and craft market.

Plant Vendor: A market vendor who resells live plants or non-food plant products purchased from retail stores, wholesalers or agricultural producers, or sells such plants or plant products grown and harvested on land that is not owned or leased by the vendor. No license required.

Potentially Hazardous Foods: Foods that support the growth of bacteria and that require time or temperature control for food safety.

Vendor of Services: A market vendor who provides a service intended for immediate consumption including, but not limited to, chair massage or face painting.

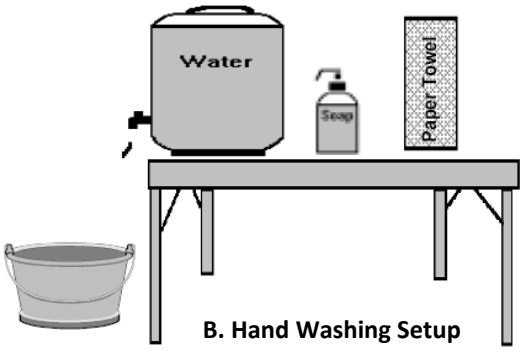
Wild Harvester: A market vendor who sells products that are grown and harvested on land that is not owned or leased by the harvester and who is licensed according to Minnesota law or city ordinance.

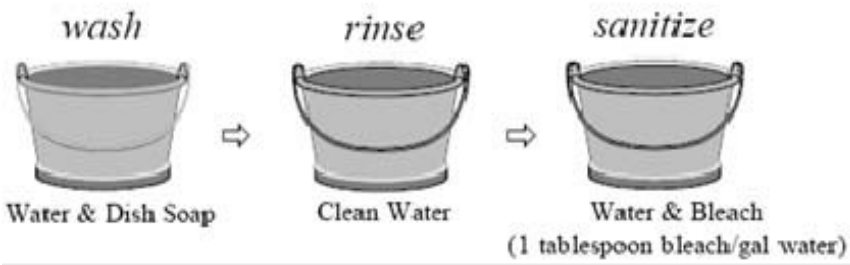
GUIDELINES FOR DISPENSING FOODS AT EVENTS & MARKETS

Vendors, Event Sponsors and Market Managers are responsible for implementing Food Safety Standards

1. Provide electricity needs for cooking and lighting. NOTE: LP bottled gas (propane) greater than 20 pounds requires a permit from the Minneapolis Fire Department (612-673-3288). Gas hose must be constructed of rigid copper, black iron or galvanized pipe. Provide a fire extinguisher.
2. Provide a tent or canopy for the food stand. If at an event where the tent/canopy is on grass or dirt surface, you MUST provide flooring (mats, plywood, etc.) for the booth.
3. Store all foods, beverages, ice, utensils and paper products at least six inches above the ground or floor. **Label chemicals** and store soap, sanitizer, insect sprays and chemicals away from food and food related items.
4. Prepare all food in a licensed commercial kitchen or onsite. Home prepared foods are allowed ONLY for vendors listed in MN Statute 28A.15.
5. Transport all food products in insulated, covered (picnic) chests in clean vehicles.
6. Use mechanical refrigeration for keeping potentially hazardous foods cold.
7. **Reheat** food quickly **to 165°F** and **hold at 140°F or higher**. Outdoor use of **"Sterno"** and chafing dishes is **prohibited**.
8. Keep potentially hazardous foods, such as meats, fish, poultry, cooked rice, and salads at **41°F or colder or 140°F or hotter.** Provide a metal-stem thermometer.
9. Prepare and serve all foods out of reach of the customers. Self-service is prohibited unless proper utensils are provided such as individual soufflé cups for dips, toothpicks for individual food samples, tongs for serving chips, paper plates for bread samples, etc.
10. Wear clean clothing and practice good personal hygiene. No smoking is ALLOWED in the food booth. NO eating or drinking (from open containers) at the food service/display counters.
11. **HAND WASHING:** WASH HANDS FREQUENTLY AND PRIOR TO HANDLING FOOD. Hand washing equipment (illustrations A and B) MUST be located within 10 feet of the food stand.
    a. Provide soap, running water, paper towels, and catch bucket.
    b. Hands MUST be washed with running water and soap.
12. A hand washing device supplied with running water at a temperature between 70°F and 110°F, soap, nail brush, and paper towels must be provided at all stands where food is prepared. (See illustration A)
13. For stands that are disassembled after each use, a gravity-fed hand washing device and three containers of sufficient size to immerse utensils (illustrations B and C) may be used in lieu of these requirements if:
    a. only beverages are served from their original containers or bulk beverage dispenser;
    b. only prepackaged, non-potentially hazardous food is sold, prepared, or served; or
    c. the menu is limited to prepackaged potentially hazardous foods cooked or prepared to order, or precut or prewashed foods that have been obtained from a licensed food establishment.
14. **UTENSIL WASHING EQUIPMENT:** Provide three labeled buckets big enough to accommodate the largest utensil. (See illustration C)
    a. Wash bucket: dish soap and water
    b. Rinse bucket: clean water
    c. Sanitizer bucket: bleach/quat and water (1 tablespoon bleach for each gallon of water)
    d. Provide **test strips** to monitor sanitizer concentration (50 – 220 PPM for Chlorine; 200-400 PM for Quaternary)
15. Failure to comply with the above guidelines can result in a (1) citation (2) closure of food booth or (3) denial of future permits.

A. Hand Washing Setup
Required for food prepared onsite



B. Hand Washing Setup
Suitable for food prepared offsite

C. Utensil Washing Setup