



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

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

## License Application Guidelines and Checklist

### License Type: Market Distributor

**Market Distributor:** A vendor who is re-selling fresh produce or selling prepackaged foods for off-site consumption. Two new types of Market Distributors include the following:

**Farm Processor:** A vendor who sells products that are grown, raised or harvested on land they own or lease whose products have additional ingredients added which are not grown, raised or harvested on their own land. This may include sausage, bacon, cheese, etc.

**Wild Harvester:** A vendor who sells products that are grown and harvested on land they do not own or lease.

If a vendor is selling or handling foods for immediate consumption, a [Market Manufacturer](#) license is required.

Contact Environmental Health/Food Safety Inspector at 612-673-2895 for questions, eligibility, requirements, fees, etc. A complete set of definitions and requirements can be found on the next page. Minnesota state statute requirements can be found on our website at [www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing).

Staff Initials	<b>Application Checklist</b>
	Submit/Mail your completed application to <a href="#">Minneapolis Development Review</a> , 250 South 4th Street - Room 300 Public Service Center, Minneapolis, MN 55415.
	<input type="checkbox"/> <b>1. License Application</b> (Form #1)
	<input type="checkbox"/> <b>2. Market vendor Plan Review Application</b> (Form #2).
	<input type="checkbox"/> <b>3. Market Vendor Plan Review Fee:</b> _____ Please write a <b>separate check for this fee</b> or your application will be rejected and returned to you. Provide the following attachments to your plan review application. <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Attach a Site Plan</b> illustrating your equipment location and layout in the booth.</li> <li><input type="checkbox"/> <b>Attach Equipment Specifications</b> showing the equipment you are using is NSF certified or equivalent.</li> <li><input type="checkbox"/> <b>Attach a Letter</b> listing the following:               <ul style="list-style-type: none"> <li><input type="checkbox"/> products/ingredients and how they will be prepared</li> <li><input type="checkbox"/> how food temperatures will be monitored for potentially hazardous foods</li> <li><input type="checkbox"/> where equipment and food will be stored prior to transport to the market</li> <li><input type="checkbox"/> how food will be transported to the market to ensure food safety</li> <li><input type="checkbox"/> how food will be protected from contamination and the elements</li> <li><input type="checkbox"/> Include a copy of labels, if applicable.</li> </ul> </li> <li><input type="checkbox"/> <b>Attach a Letter</b> from the licensee/leaseholder of the licensed commercial kitchen if food items will be prepared offsite. This must state that your food products are prepared at that kitchen.</li> <li><input type="checkbox"/> Attach a copy of the License Certificate for that facility.</li> </ul>
	<input type="checkbox"/> <b>4. License Fee:</b> _____ <b>plus New License Surcharge:</b> _____

### This Section To Be Completed by Licensing and Environmental Health/Food Staff at MDR Counter

Date Sent to EHFS: \_\_\_\_\_ EHFS Staff Initials: \_\_\_\_\_ Date Returned to Licensing: \_\_\_\_\_

Are there outstanding health or compliance issues? (If Yes, Explain)  Yes  No  See Attached Report.

Yes. I recommend to License Department to proceed. Date: \_\_\_\_\_

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

Signature of Environmental Health Official

Printed Name:

## 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

**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.

## Definitions and License Requirements from the Minneapolis Code of Ordinances

[www.minneapolismn.gov/government/ord/index.htm](http://www.minneapolismn.gov/government/ord/index.htm)

### Chapter 201.10. Definitions

**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.

**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, and who is licensed according to Minnesota law or city ordinance.

**Food market manufacturer:** A market vendor who sells and handles foods prepared for immediate consumption at the market and who is licensed according to Minnesota law or city ordinance.

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

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

**Vendor of services:** A market vendor who provides a service intended for immediate consumption including, but not limited to, chair massage and 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.

### 201.110. Food sampling, demonstrations and surfaces.

(a) Market vendors may provide food samples in accordance with the requirements of the Minnesota Food Code as referenced, and Chapters 186 and 188 of this Code. Samples shall only be offered in individual portions and served only by the market vendor with individual paper napkins, soufflé cups or toothpicks. Samples shall be dispensed with a clean and sanitized utensil or a person wearing disposable gloves.

(b) Market-sponsored food and cooking demonstrations that include distribution of samples to market patrons shall be permitted, provided that the market has a trained and certified food manager on site who shall be responsible for ensuring compliance with all requirements of the food code. The manager shall be responsible for maintaining a log of each cooking demonstration that contains information identifying the person conducting the demonstration, the products sampled, and the demonstrator's contact information including home or business address, telephone number and electronic mail address if applicable. Records of the required log shall be maintained on file for one (1) year and provided to city staff upon request.

(c) Non-food market vendors and agricultural producers shall be permitted to vend from an unpaved surface provided the market and market vendors comply with all requirements of the food code.



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1C  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-3000 or 311  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

# Form #1

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

## LICENSE APPLICATION

1. BACKGROUND INFORMATION			
<b>Type of License (Check One)</b>			
<b>Market Vendor:</b> An individual selling goods or services at a local market. <input type="checkbox"/> <b>Market Distributor</b> <input type="checkbox"/> <b>Market Manufacturer</b>			
<b>Public Market:</b> A place for vendors to sell goods or services. <input type="checkbox"/> <b>Farmers Market</b> <input type="checkbox"/> <b>Mini Market</b> <input type="checkbox"/> <b>Produce &amp; Craft Market</b>			
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)	
<b>Type of Ownership:</b> <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
<input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 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 total 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 \_\_\_\_\_



MINNEAPOLIS REGULATORY SERVICES  
**ENVIRONMENTAL HEALTH & FOOD SAFETY**  
 250 SOUTH 4TH STREET, ROOM 414  
 MINNEAPOLIS, MN 55415  
 PHONE: (612) 673-3000, FAX: (612) 673-2635

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

**MARKET VENDOR PLAN REVIEW APPLICATION**

**MARKETS TO BE ATTENDED**

1. NAME OF MARKET	ADDRESS:	MARKET CONTACT AND PHONE:
2. NAME OF MARKET	ADDRESS:	MARKET CONTACT AND PHONE:
3. NAME OF MARKET	ADDRESS:	MARKET CONTACT 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)**

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

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**3. LOCATION OF WHERE PRODUCTS WILL BE PREPARED (Onsite or address of approved, licensed commercial kitchen)**

--

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

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

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**6. FOOD SAFETY COURSE COMPLETION (REQUIRED for MARKET MANUFACTURERS)**

NAME OF CERTIFIED FOODMANAGER: \_\_\_\_\_  ATTACH A COPY OF CURRENT [MN Dept of Health certificate](#).

NAME OF FOOD SAFETY COURSE \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME – PRINT	SIGNATURE	DATE
ENVIRONMENTAL HEALTH STAFF NAME	SIGNATURE	DATE

**PLAN REVIEW FEES MUST BE PAID WHEN SUBMITTING APPLICATION WITH A SEPARATE CHECK OR MONEY ORDERS PAYABLE TO MINNEAPOLIS FINANCE.**

# GUIDELINES FOR DISPENSING FOODS AT EVENTS/ MARKETS

**(Vendors, Event Sponsors and Market Managers are responsible for Implementing Food Safety Standards)**

- 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.
- Provide a tent or canopy to protect food service operation. If the tent/canopy is on grass or dirt surface, you must provide flooring (mats, plywood, etc) for the booth.
- 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 foods and food related items.
- Prepare all foods in a licensed commercial kitchen or on site. Home **prepared foods** are allowed ONLY for vendors listed in MN Statute 28A.15.)
- Transport all prepared foods in insulated, covered chests (picnic) in clean vehicles.
- Use mechanical refrigeration for keeping foods cold.
- Reheat** foods quickly to **165°F**, and **hold at 140°F or hotter**. Outdoor use of **“Sterno”** and chafing dishes **prohibited**.
- Keep potentially hazardous foods, such as meats, fish, poultry, cooked rice, vegetables and salads at **41°F or colder or 140°F or hotter**. Provide a metal-stem food thermometer.
- Prepare and serve all foods out of reach of the customers. Self-serve is prohibited unless proper utensils are provided (e.g., dips must be served in individual soufflé cups; provide toothpicks for individual food samples; provide tongs for serving chips or bread samples on paper plates; etc.).
- Drain ice-melt water from coolers to prevent cans or bottles from being submerged.
- 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.
- HANDWASHING:** WASH HANDS FREQUENTLY AND PRIOR TO HANDLING FOOD. Handwashing EQUIPMENT (See illustration) MUST be located within 10 feet of the food stand.
  - Provide soap, running water and paper towels and catch bucket.
  - Hands MUST be washed with running water and soap.
- UTENSIL WASHING:** Provide three labeled buckets big enough to accommodate the largest utensil. (See illustration.)
  - Wash bucket: dish soap and water
  - Rinse bucket: clean water
  - Sanitizer bucket: bleach/quat and water (1 tablespoon bleach for each gallon of water)
  - Provide **test strips** to monitor sanitizer concentration (50-200PPM for Chlorine; 200-400PPM for Quaternary)
- Failure to comply with the above guidelines can result in a (1) citation, (2) closure of food booth, or (3) denial of future permits.

