

License Application: Food Truck

Definition: Preparing and/or serving foods from a self-contained vehicle which is

- motorized or within a trailer
- movable, without disassembling, for transport and
- curbside on public streets or on private property at a brewery, distillery, or park

Food preparation and storage must occur at a commercial kitchen licensed in Minneapolis. Food cannot be prepared or stored at home. Vehicles may not be stored at home.

[Street locations](#) are available daily on a first-come first-served basis. There may be up to three vendors in parking lots located outside of downtown.

You do not need another license/permit at any event (farmers markets, block events) but you must have written permission from the event organizer. These are reviewed and approved by the Minneapolis Health Department.

If you have a Minneapolis food license, and would like to add a Food Truck, use the [Food Truck – Add a License](#) application on our website. You must have the same ownership and kitchen.

You may have entertainment such as radio, television, or electronically reproduced music contain within your vehicle. Music/noise cannot be amplified.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Drop off your application at our office.
 - Check:** Mail or drop off your application at our office.
 - Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. **Certified Food Protection Manager:** The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening.
 - Attach a copy of your Minnesota Department of Health certificate.
 - I currently do not have a Certified Food Protection Manager.
4. Food Truck Supplemental Form (Form #1)
5. **Background Check:**
 - Attach a [Data Privacy Advisory](#) (Form #2): This is required for the applicant and each owner and/or partner. Include a copy of your driver's license and background report. This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#). No one can have a conviction in the last five (5) years **related to** operating a food business. This also can include food subsidy program or controlled substances violation.
6. **Menu:** Attach a copy of the menu and/or list of food items for sale.
7. Attach a diagram of your truck, using the [Food Truck Vehicle Requirements](#) (Form #3)

8. Attach your [Site Plan](#) (Form #4) of Proposed Private Property Location. Plans that do not conform to the requirements will be returned.
 N/A. I am operating at street locations only.
9. [Letter of Consent](#) (Form #5) is required if the proposed location is:
 on private property/parking lot. Written consent is required from the property owner.
 within 200 feet of park board property. Written consent from the Minneapolis Park Board may include a permit, agreement, or other required written authorization.
 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.
 N/A. None of these apply.
 Note: Maintain a copy of this consent in your food truck while operating.
10. **Hold Harmless Statement for Public Property** (form #6)
 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.
11. [Certificate of Liability Insurance](#) (Form #7) must be submitted after approval of your Site Plan and Vehicle Plan. This is required before a license will be granted. This must be furnished by your Insurance Agent. 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 and the city from all claims for damage to property or bodily injury, including death, which may arise from operations.
12. Email a [Food Truck Plan Review Form](#) (Form #8) to development@minneapolismn.gov. There is a [fee](#) for this review. (Usually Risk 1/lowest square footage) If you have questions, call 612-673-3000 or email development@minneapolismn.gov. ***This is a separate review and we cannot approve your license until it is completed.***

2. Additional Licenses

Would you like to apply for another license?

1. Check all that apply and attach the documents listed.
 2. You do not need to complete any additional applications.
- You will be charged a [fee](#) for each additional license. Fees may be discounted. If you have any questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

- Community Kitchen:** A commercial kitchen used by community members or businesses.
- Food Manufacturer:** (Small Restaurant): Preparing and serving food to customers with 12 seats or less.
- Restaurant:** Preparing and serving food to customers with 13 seats or more.

Each one of these requires the following:

1. **Floor Plan:** Attach an 8.5" by 11", scaled diagram. Include the square footage as well as labels of the interior and outdoor areas.
2. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. You can [find out online](#) if a SAC is due for your address. You can also [fill out your form online](#). If you have questions, call 612-673-3000 or email development@minneapolismn.gov.

3. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number (Required)	Social Security or ITIN Number (Required)		
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:		

4. Business Information

License(s) Requested:

<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) Name of Previous Tenant: _____	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
<input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Remodeling Only.

5. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

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

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

6. Company Operations

Interior	Exterior
Gross Square Footage for Business Use: _____	Gross Square Footage for Business Use: _____
Seating Capacity: _____ Fire Occupancy: _____	Seating Capacity: _____ Max Capacity: _____
Days and Hours of Operation:	Days and Hours of Operation:

Give us a brief description of your business.

A. Entertainment: Check all categories of entertainment you are planning to provide at your business.

No Live Entertainment: Radio, television, electronically reproduced music and jukebox.

Limited Entertainment: Literary readings, storytelling, live solo comedians, karaoke, amplified or nonamplified music by a disc jockey or any number of musicians, and group singing by patrons of the establishment. No patron dancing.

General Entertainment: All forms of entertainment described above and patron dancing. Describe:

Adult Entertainment: This includes persons who are unclothed or dressed in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude).

B. Describe all of the entertainment you are planning to provide:

List any licenses you currently have or previously held in Minneapolis (business or individual).

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

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
---	--

Does this include adding/changing equipment that requires a gas or plumbing connection? Yes No

Explain the scope of the remodeling or construction.

7. Workers Compensation

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.

8. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents 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.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

9. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. [Surveillance Cameras](#): Confectionary Stores, Gasoline Filling Stations, Grocery Stores, Off-Sale Liquor Stores, and Tobacco Dealers are required to have a surveillance camera operating in their stores during business hours.
4. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
5. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

Food Truck Supplement

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

Street Locations Only. No operations will occur at parking lot locations.

Both Street and Parking Lot Locations. List your primary and secondary choices for parking lot sites. Food trucks are only allowed at a Brewery, Distillery or a park. This should not include information for community events.

Parking Lot Locations Only. List your primary and secondary choices for parking lot sites. Food trucks are only allowed at a Brewery, Distillery, or a park. 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:

On a bus lane? Yes No

On or within 200 feet or park board property? Yes No

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? Yes No

3. Verification

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, an authorized owner or partner, 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 _____ Title _____ Date _____



**City of Minneapolis
Licenses and Consumer Services**

505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

www.minneapolismn.gov/businesslicenses

Data Privacy Advisory

Complete the information below and attach the following:

- A copy of your driver’s license or state identification card
- Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

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

Authorization for Release of Information

This Authorization for Release of Information will expire two years from the date you signed it.

Last Name	First Name	Middle Name
-----------	------------	-------------

Also Known As: _____ Date of Birth: _____

Title: _____

- I have read and understand the above Data Privacy Advisory.
 - I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: _____ Date: _____

Food Truck 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 food truck, 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 food truck and the food truck must allow for adequate ventilation and screening of the tank.
6. The food truck shall meet all requirements needed to obtain licenses from the City of Minneapolis and the State of Minnesota.

Food Truck Parking Lot Site Requirements

This is not required for street locations.

1. Food trucks are only allowed on a parking lot at a brewery, distillery, or a park.
2. Private property parking lot locations need [written consent](#) from the owner. Business Licenses' staff must approve this. There may be up to three vendors in parking lots located outside of downtown.
3. Food Trucks cannot block drive aisles, impair the movement of pedestrians or vehicles, or pose a hazard to public safety. You must have a pedestrian walkway of no less than six (6) feet around the food truck. Ingress and egress must be through existing driveway openings only.
4. Food Trucks cannot park
 - a. next 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;
 - c. in front of a commercial entryway.
5. Food Trucks may not park within five hundred (500) feet of a civic event, or a regional sports arena, without written consent of the organization.
6. The site cannot 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 food truck 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 you plan to park the food truck.
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 spot

Food Truck Letter of Consent

This letter hereby authorizes _____ to park a food truck next to my
(food truck owner)

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 food truck must follow all applicable sections of the Minneapolis Code of Ordinances (MCO) and State of Minnesota statutes. Failure to do so will cause the license for this 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 money, either present or future, is part of this consent.

The food truck vendor agrees to hold harmless property owner park board for damage claims to property or injury claims to persons which may be caused by activity associated with the food truck license.

**Owner of property
or
Park Board
Representative**

Name _____
(please print)

Signature _____
(owner or legal representative)

Title _____

Telephone Number _____

Date _____

Food Truck Owner

Name _____
(please print)

Signature _____

Telephone Number _____

Date _____



Hold Harmless Statement

From:

Date:

Re: Mobile Food Vehicle Vendor Hold Harmless Statement

I, _____ shall hold harmless and indemnify the city, and applicable special service district, any of 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.

Print Name

Signature

Date:

City of Minneapolis

Requirements for Insurance Certificates

Certificate of Liability Insurance

#7

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.
INSURED	INSURERS AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:

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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS				PRODUCTS - COMPROP AGG \$ _____ COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY \$ _____
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS <input type="checkbox"/> _____				(Per person) BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____
	<input type="checkbox"/> _____ GARAGE LIABILITY				(Per accident) \$ _____ AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ACC \$ _____ ONLY: AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WWC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

Original signature or stamp of agent

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
 ADDITIONAL INSURED; INSURER LETTER
 CERTIFICATE HOLDER
 City of Minneapolis
 Licenses and Consumer Services
 505 Fourth Ave. S., Room 220
 Minneapolis, MN 55415
 AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.



Food Business Plan Review Application

This application must be completed and emailed to development@minneapolismn.gov. This application is required if you are:

- Starting or building a new food establishment or converting an existing space into a food establishment
- Expanding or remodeling an existing food establishment
- Adding or changing any equipment that requires gas, mechanical, or plumbing permits
- Adding or changing ventless cooking equipment or ventless hoods

Applicant information			
Legal/Corporate Name of Business	Business Name/DBA		
Mailing Address	City	State	Zip Code
Name of Applicant	Email Address	Cell Phone Number	
Business Address	City	State	Zip Code
Construction category – Check one			
<input type="checkbox"/> New business/construction, new food truck/cart		<input type="checkbox"/> Remodel (New Owner, Same Business)	
<input type="checkbox"/> New or change of equipment requiring gas, mechanical or plumbing		<input type="checkbox"/> Remodel (Same Owner, Same Business)	
<input type="checkbox"/> New or change of ventless hood or ventless cooking equipment		<input type="checkbox"/> Remodel (Different Business)	
License type - Check all that apply			
<input type="checkbox"/> Commissary or Community Kitchen	<input type="checkbox"/> Food Manufacturer (Bakery, Deli, Café, etc.)	<input type="checkbox"/> Meat Market	
<input type="checkbox"/> Farmers Markets	<input type="checkbox"/> Grocery, Confectionery or Liquor Store	<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Food Carts (Indoor, Kiosk, Sidewalk, etc.)	<input type="checkbox"/> Institutional Facility (Daycares, Schools, etc.)	<input type="checkbox"/> Vending Machine(s)	
<input type="checkbox"/> Food Shelf	<input type="checkbox"/> Mobile Food Unit (Trailers, Trucks, etc.)	<input type="checkbox"/> Other: _____	
Description of project			
Describe your project here.			
Other Information			
<input type="checkbox"/> Risk Level 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3 Use the risk level definitions to determine your risk level.		Total square footage of new construction/remodel area _____ Number of floors where food operations take place _____	
Project start date: _____		Projected completion date: _____	

I. Required documents

After we receive your application, we will send you a link to the [ProjectDox website](#) and a temporary password. You will need to upload the following required documents.

1. **Floor plan:** Detailed and scaled floor plan of your kitchen and facility or vehicle. Include the location of all equipment and finishes for walls, ceilings, floors and base coves.
2. **Equipment list** and specification sheets for all equipment which must be ANSI/NSF certified or equivalent.
3. **Menu** and/or list of food items you plan to serve or sell. You may need a [HACCP](#) food safety plan, based on your menu.

II. Application Fee

There is a [fee](#) associated with this plan review application. We will call you with the amount of your fee, and to securely collect your payment over the phone. Please do not add your credit card information to this application. The fee is based on:

- Square footage of your new or remodeled space, and
- The risk category defined in the fee link.

If you have any questions about this application or the required documents, please call us at 612-673-3000. You can also email us at development@minneapolismn.gov or healthreview@minneapolismn.gov. Please refer to our [Food Establishment](#)

[Construction Guide](#) for more details of our requirements for food establishments.