

License Application: Ice Cream Truck

The sale of prepackaged items, such as ice cream, soda, candy, and potato chips, from a vehicle parked at the curb on a public street, only between the hours of 9:00 a.m. and 10:00 p.m.

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.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Do not cash, you must drop off in person.
 - Check:** Make checks payable to- Minneapolis Finance Department
 - 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. **Background information:**
 - Data Privacy Advisory** (form #1): This is required for the applicant and each owner and/or partner. Include
 - Photo ID-** current driver's license or valid government photo issued ID
 - 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.

No one can have a conviction in the last five (5) years related to operating a food business, food subsidy program or a controlled substances violation.
4. **Menu:** attach a copy of the menu and/or list of food drink items for sale.
5. **Certificate of Liability Insurance** (sample form #2) attach insurance certificate with-
 - \$100,000 for individuals
 - \$300,000 per single incident

Additional information

- No license will be issued for longer than one year.
- You cannot transfer your license to any other person or location.
- You must have written permission to be on Minneapolis Park Board Property.
- If you need additional licenses, you will need to submit the applications and will be charged additional licensing fees.
- Visit the City's website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

2. Applicant information

Legal company name		Business name/DBA		
Name (Last, First, MI)		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager		
Business address	Suite	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 <i>(Required)</i>		Social Security number or Individual tax ID (ITIN) <i>(Required)</i>		
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 starting date:		

3. Owners

List all owners, partners or shareholders. Ownership must add up to 100%, use additional sheets if needed.

Full name: Last, First, Middle		Telephone		
Home address	City	State	Zip code	
Title	Date of birth	Ownership %		
Full name: Last, First, Middle		Telephone		
Home address	City	State	Zip code	
Title	Date of birth	Ownership %		
Full name: Last, First, Middle		Telephone		
Home address	City	State	Zip code	
Title	Date of birth	Ownership %		

4. Manager

Full Name: Last, First, Middle		Telephone		
Home address	City	State	Zip code	
Title	Date of birth	Ownership %		

5. Company operations

Will you be on Minneapolis Park Board Property? No Yes
 If Yes, you will need permission from the Minneapolis Park Board after this license is approved.

List days and hours of operation.

List all food and drinks you will be selling.

Will you operate your Ice Cream Food Truck in compliance will all ordinances, rules and regulations?

No Yes

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

Have you ever had a business license denied or revoked? No Yes

If Yes, list the date of denial/revocation, city of state, and reason for denial or revocation.

6. 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 the only employee, and I have no other employees.

I have no employees who are covered by workers compensation law. Specifically exempted by statute and are not covered by the workers compensation law include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

7. 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 is subject to verification by the City of Minneapolis. 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 _____

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

Data Privacy Advisory

Complete the information below and attach the following for each owner, officer, partner:

- A copy of your valid driver's license or government issued photo ID.
- 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.

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

Last name	First name	Middle name
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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: _____

City of Minneapolis Requirements for Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).			
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED		INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY						MED EXP (Any one person)	\$	
	CLAIMS-MADE <input type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/PIOP AGG	\$	
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS		OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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

City of Minneapolis as certificate holder and additional insured

Original signature or stamp of agent.

CERTIFICATE HOLDER Additional Insured: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Applications will be returned if requirements are not complete.