



City of Minneapolis  
 Licenses and Consumer Services  
 350 South 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415–1391  
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[www.minneapolis.gov/business-licensing](http://www.minneapolis.gov/business-licensing)

**For Office Use Only**  
 Expiration: April 1  
 AP: BLFood/BLimitTrk  
 Rev Code: 311009  
[MCO](#): 188  
 Adm Issuance: Yes

## License Application Guidelines and Checklist

### Application Type: Limited Mobile Food Vendor

**DEFINITION: Limited Mobile Food Vendor:** An individual who sells prepackaged items such as ice cream, pop, candy, and/or potato chips from a vehicle.

**SIMILAR LICENSES:**

**Food Cart Vendor, Indoor:** An individual who sells prepackaged or limited ready-to-eat foods on private property from a mobile cart.

**Food Cart Vendor, Kiosk:** An individual who sells prepackaged or limited ready-to-eat foods on private property from a food cart/kiosk with direct plumbing.

**Food Cart Vendor, Sidewalk:** An individual who sells prepackaged or limited ready-to-eat foods on public sidewalks in downtown from a mobile cart.

**Limited Mobile Food Vendor, City Parks:** An individual who sells prepackaged items such as ice cream, pop, candy, and/or potato chips in city parks from a vehicle.

**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.

Staff Initials	APPLICATION CHECKLIST - COMPLETE AND SUBMIT FOR STAFF REVIEW
	<a href="#">Minneapolis Development Review</a> 250 South 4 <sup>th</sup> Street, Room 300 - Minneapolis, MN 55415 <a href="#">Free Parking</a> .
	<input type="checkbox"/> <b>1. License Application (Form #1)</b>
	<input type="checkbox"/> <b>2. Certificate of Liability Insurance (Sample Form #2)</b> a. This must be furnished by your Insurance Agent with the mandatory changes. b. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages: <input type="checkbox"/> \$25,000 per occurrence and \$50,000 aggregate for personal injury or death. <input type="checkbox"/> \$5,000 per occurrence for property damage.
	<input type="checkbox"/> <b>3. Certified Food Manager:</b> If you employ a Certified Food Manager, attach a copy of your <a href="#">MN Dept of Health</a> certificate. <input type="checkbox"/> I currently do not employ a Certified Food Manager.
	<input type="checkbox"/> <b>4. Attach the following from the applicant and each owner, partner, officer, shareholder and Certified Food Manager (if employed).</b> <input type="checkbox"/> <b>A copy of a driver's license or state identification card</b> <input type="checkbox"/> <b>Data Privacy (Form #3)</b> <input type="checkbox"/> <b>Criminal History Report</b> which may be obtained from <a href="http://www.cch.state.mn.us/New Criminal History Search">www.cch.state.mn.us/New Criminal History Search</a> or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN, 651-793-2400. <b><i>This report must be dated within 30 days of receipt of this application.</i></b> Anyone who is not a resident of Minnesota must contact the <a href="#">state</a> in which they reside to obtain a criminal history.
	<input type="checkbox"/> <b>5. Menu:</b> Attach a copy of the menu and/or list of food items available for sale.
	<input type="checkbox"/> <b>6. \$_____ Food Plan Review <a href="#">Fee</a></b> \$_____ <a href="#">License Fee plus New License Surcharge</a>

### Additional Information

- 1. Certified Food Manager:** The [Minnesota Food Code](#) requires a food establishment to employ one full-time Certified Food Manager within 45 days of opening.
- 2. Your License Application:**
  - a. Incomplete applications will be returned. All applications must be signed by an owner, partner, or principal.
  - b. No license will be issued for a period longer than one year. Licenses are not transferable.
  - c. Make a duplicate copy of this packet for your personal records before submitting. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
  - d. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.
- 3. 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.

## Food License Application

I. APPLICANT INFORMATION			
Legal Company Name	Business Name/DBA		
Business Address	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____		
Mailing Address (if Different than Business Address)	City	State	Zip Code
<a href="#">Minnesota Sales Tax ID Number</a> , Social Security Number, or Individual Tax ID Number			
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		
II. BUSINESS INFORMATION			
1. License(s) Requested			
2. As an Applicant/Licensee, I am <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) <input type="checkbox"/> Taking over an existing business (New Owner) Name of Previous Tenant _____    Name of existing business _____ <input type="checkbox"/> Equipment Changes. Provide equipment info and photos. <input type="checkbox"/> Remodeling Only			
3. Company Operations Is business over 5,000 sq ft.? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how many facilities? _____			
INTERIOR		EXTERIOR	
Gross Square Footage for Business Use _____		Gross Square Footage for Business Use _____	
Seating Capacity _____ Fire Occupancy _____		Seating Capacity _____ Total Customer Capacity _____	
Hours of Operation		Hours of Operation	
Describe in detail the principal products and/or services rendered.			

4. Entertainment: Check all categories of entertainment you are planning to provide on your premises.

No entertainment.

Limited Entertainment: Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV/radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.

General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.

Adult Entertainment: Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

5. 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
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Explain the scope of the remodeling or construction.

**III. OWNERS, PARTNERS, OFFICERS**

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

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

Have any of the people listed above been convicted of a crime?  YES  NO  
 If Yes, please provide or attach specific information about date s and conviction .

**IV. BACKGROUND INFORMATION**

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

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

3. Are you sharing the licensed premises with any other business?  Yes  No If yes, describe.

**V. WORKERS COMPENSATION**

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----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.

**VI. CERTIFIED FOOD MANAGER**

Name of Certified Food Manager \_\_\_\_\_

**VII. VEHICLES**

Will there be vehicles used in the business?  YES  NO

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

**VIII. 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 Minnesota Tax ID Number, Social Security 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. After issuance of a license, all information contained in this application, 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. I understand that false information may result in the denial, suspension or revocation of my business license.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

# City of Minneapolis Requirements for Insurance Certificates

**#4**

## CERTIFICATE OF LIABILITY INSURANCE

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.

<b>PRODUCER</b> 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.  <hr/> INSURERS AFFORDING COVERAGE  INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
<b>INSURED</b>	

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

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

**ADDITIONAL INSURED: INSURER LETTER**

Original signature or stamp of Agent.

<b>CERTIFICATE HOLDER</b> City of Minneapolis Licenses and Consumer Services 1 City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE  _____
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**Applications will be returned if requirements are not complete.**

Minneapolis Police Department

**DATA PRIVACY ADVISORY**

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed.

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

**AUTHORIZATION FOR RELEASE OF INFORMATION  
(ONLY PRINT OR TYPE LEGIBLY)**

**This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.**

Applicant \_\_\_\_\_  
Last Name First Name Middle Name

Also Known As \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature \_\_\_\_\_ Date \_\_\_\_\_