City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1
Minneapolis, MN 55415–1391
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

License Application
Guidelines and Checklist

For Office Use Only
Expiration: April 1
AP: BLFood/BLCartSide
Rev Code: 311009
MCO: 188
Adm Issuance: Yes

Application Type: Sidewalk Food Cart Vendor

DEFINITION: Food Cart Vendor, Sidewalk: An individual who sells prepackaged or limited ready-to-eat foods from a mobile cart on either public sidewalks or private property. Carts may be located on commercial corridors or downtown. Locations must be pre-approved prior to operation.

Staff Initials	APPLICATION CHECKLIST - COMPLETE AND SUBMIT FOR STAFF REVIEW Minneapolis Development Review 250 South 4th Street, Room 300 - Minneapolis, MN 55415 Free Parking.
	☐ **1. License Application** (Form #1)
	☐ **2. Certificate of Liability Insurance** (Sample Form #2). This must be submitted after approval of your Site Plan and Cart Plan. This must be furnished by your insurance agent and submitted before a license will be issued. You are required to have general liability that includes the following coverages. ☐ $100,000 per individual and $300,000 per single incident. ☐ $10,000 for property damage. ☐ The City of Minneapolis shall be named as an additional insured.
	☐ **3. Certified Food Manager:** If you employ a Certified Food Manager, attach a copy of your MN Dept of Health certificate. ☐ I currently do not employ a Certified Food Manager.
	☐ **4. Attach the following from the applicant and each owner, partner, officer, shareholder and Certified Food Manager (if employed).** ☐ **A copy of a driver's license or state identification card** ☐ **Data Privacy** (Form #3) ☐ **Criminal History Report** which may be obtained from www.cch.state.mn.us/New Criminal History Search or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN, 651-793-2400. ***This report must be dated within 30 days of receipt of this application.*** Anyone who is not a resident of Minnesota must contact the **state** in which they reside to obtain a criminal history.
	☐ **5. Cart Plan** that conforms to the Sidewalk Food Cart Standards (Form #4). Plans that do not conform to the requirements will be returned to the applicant as incomplete.
	☐ **6. Site Plan of the Proposed Location** that conforms to the Sidewalk Food Cart Site Plan Requirements (Form #5) and **MCO**: 188.510. Plans that do not conform to the requirements will be returned to the applicant as incomplete. Prior to application approval, License staff will forward plans for review to: ☐ Department of Public Works ☐ Downtown Improvement District (Nicollet Mall only).
	☐ **7. Letter of Consent** if cart is located on private property (Form # 6) ☐ Not Required / located on public property
	☐ **8. Menu:** Attach a copy of the menu and/or list of food items available for sale.
	☐ **9. $_____ Food Plan Review Fee** **$_____ License Fee plus New License Surcharge**

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.

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#1

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)	☐ Owner ☐ Officer ☐ Partner ☐ Other: _____		
Mailing Address (if Different than Business Address)	**City**	**State**	**Zip Code**
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number			
Type of Ownership ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	**Date of Incorporation**	**State of Incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed Opening Date**		

II. BUSINESS INFORMATION

1. License(s) Requested

2. As an Applicant/Licensee, I am

☐ Starting a new business in a new building. (New Business)
☐ Starting a new business in an existing building. (New Business)
Name of Previous Tenant _____
☐ Equipment Changes. Provide equipment info and photos.
☐ Adding a new license to an existing business (New License)
☐ Taking over an existing business (New Owner)
Name of existing business _____
☐ Remodeling Only

3. Company Operations

Is business over 5,000 sq ft.? ☐ Yes ☐ 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 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? ☐ **YES** ☐ **NO**	**Name of Contractor or Building Manager**

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

Have any of the people listed above been convicted of a crime? ☐ **YES** ☐ **NO**

If Yes, please provide or attach specific information about dateósú and convictionóǎú.

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

------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

#2

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.

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. INSURERS AFFORDING COVERAGE
INSURED	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 † 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 – COMP/OP AGG	$
	~~AUTOMOBILE LIABILITY~~ † 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)	$
	GARAGE LIABILITY † ANY AUTO †_____				**AUTO ONLY – (Ea Accident)**	$
					OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
	EXCESS LIABILITY † OCCUR † CLAIMS MADE † DEDUCTIBLE † RETENTION				**EACH OCCURRENCE**	$
					AGGREGATE	$
						$
						$
						$
A	**WORKER'S COMPENSATION AND EM PLOYER'S LIABILITY**				**X/WC STATUTORY LIMITS / OTHER**	
					E.L. EACH ACCIDENT	
					E.L. DISEASE – EA EMPLOYEE	
					E.L. DISEASE – POLICY LIMIT	
	OTHER					

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

ADDITIONAL INSURED; INSURER LETTER

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1 City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE

Original signature or stamp of Agent.

Sample

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_____

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SIDEWALK FOOD CART STANDARDS

1. Propane is the standard and permitted method of providing a heating and cooling source for your sidewalk food cart.

2. The dimensions of the cart cannot exceed eight (8) feet in height, eight (8) feet in length, and four (4) feet in width. Carts may be equipped with an umbrella or awning which may overhang by a maximum of 12 inches in any direction.

3. Carts must be capable of being moved by one person.

4. Carts can only operate between 7 am and 11 pm on any day.

5. Every license holder shall maintain a permanent location within the City of Minneapolis for storage, preparation, cleaning and servicing. The permanent location must be a licensed food facility. The sidewalk food cart must return to the permanent location at least once daily for cleaning and serving.

6. A general list of approved foods which are allowed to be sold by sidewalk food cart vendors is available from the Minneapolis Environmental Health Division. All food and beverage items must be approved prior to selling.

7. The sidewalk food cart shall meet all requirements needed to obtain permits from the City of Minneapolis and the State of Minnesota.

8. Licenses are not transferable to any other cart or location.

9. No location already requested will be available for selection/approval.

10. For additional information, see a list of Frequently Asked Questions on our website and/or the Minneapolis Code of Ordinances, Chapter 188.510.

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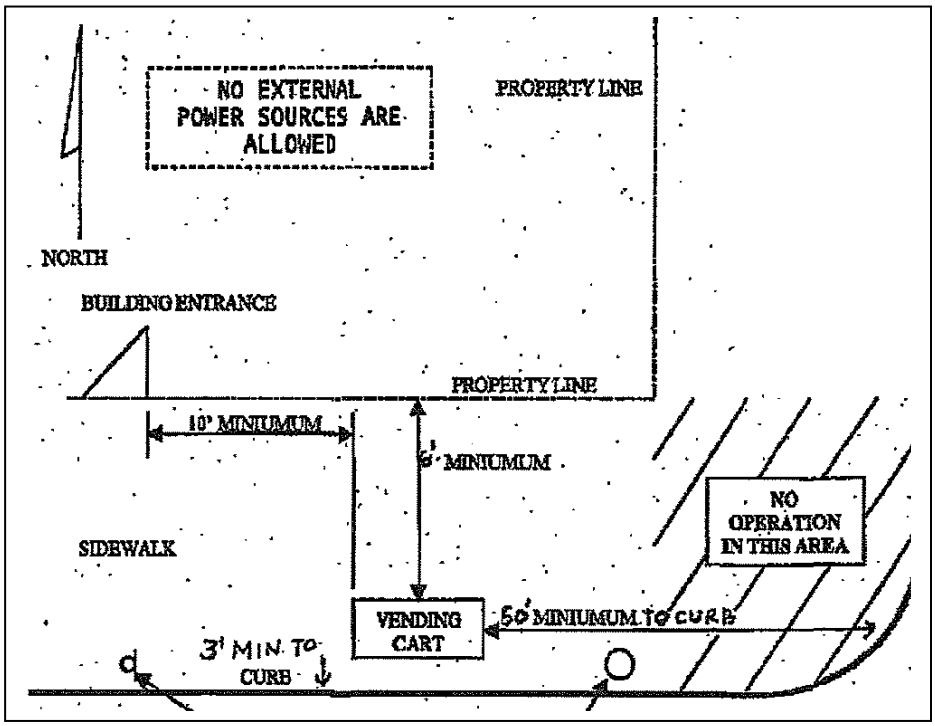
Sidewalk Food Cart Site Plan Requirements

1. Sidewalk food carts are only allowed to operate at pre-approved locations on commercial corridors throughout Minneapolis as defined in Minneapolis Code of Ordinances Chapter 188.510(5).
2. Sidewalk food carts cannot substantially impair the movement of pedestrians or vehicles or pose a hazard to public safety. A pedestrian walkway of no less than six (6) feet must be maintained around the cart.
3. Sidewalk food carts cannot be located
    a. Adjacent to a bus stop, taxi stand, or handicap loading zone;
    b. Within 50 feet of an intersection or within three feet of a curb; or
    c. Directly in front of a commercial entryway.

Site Plan Requirements:

1. Draw a site plan to scale showing the sidewalk food cart location in relation to fixed elements on the sidewalk. This must be submitted on 81/2" x 11" paper. Include DBA, vending site address and the name and telephone number of the contact person.
2. Label street names and the location where the sidewalk food cart will be parked.
3. Include measurements of the distance from the site to:
    a. Sidewalk intersection
    b. Adjacent property line
    c. Disabled parking and/or access ramp
    d. Building entrance
    e. Newsracks
    f. Parking meters
    g. Street lights
    h. Signposts
    i. Light poles
    j. Bike stands
    k. Trees
    l. Fire hydrants
    m. Planters
    n. Bus shelters
    o. Other fixtures

SITE PLAN EXAMPLE (not to scale)



All drawings, disks and photographs are non-returnable.

Letter of Consent

This letter hereby authorizes _____ to park a sidewalk food cart on my
(owner of sidewalk food cart)

private property located at _____. This consent shall run
(address of property)

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 sidewalk food cart is required to comply with all applicable sections of the Minneapolis Code of Ordinances. Failure to do so may result in revocation of the license.

OWNER OF PROPERTY

_____
Name (owner or legal representative)

_____
Title

_____
Signature

_____
Telephone Number

_____
Date

OWNER OF SIDEWALK FOOD CART

_____
Name

_____
Signature

_____
Telephone Number

_____
Date