

License Application Guidelines and Checklist

License Type: Farmers Market

DEFINITIONS: A defined place regulated by the city for the selling and buying of farm products and other market related products. The three categories of recognized and licensed public markets include the following:

Farmers Market: Primarily outdoors, a recurring event on designated days and times consisting primarily of agricultural producers. Other vendors may include craft producers, farm processors, home processors, market distributors, market manufacturers and wild harvesters who each need a [Seasonal Food Permit](#) if selling foods or beverages.

Mini Market: Limited to five or fewer vendors consisting primarily of agricultural producers.

Produce and Craft Market: A recurring event on designated days and times for agricultural producers, craft producers, home processors, market manufacturers, and market distributors. A [Seasonal Food Permit](#) is required if food or beverages are sold.

Prior to submitting your application, please contact Business Licenses at 612-673-2080 for questions, eligibility, fees, requirements, etc. A complete set of definitions and requirements can be found on page 10 of this application packet.

Application Checklist

Staff
Initials

Submit /Mail to [Minneapolis Development Review](#)
250 South 4th Street - Room 300 Public Service Center
Minneapolis, MN 55415 – [Free Parking](#)

- | | |
|--|--|
| | <input type="checkbox"/> 1. License Application (Form #1) |
| | <input type="checkbox"/> 2. Public Market Plan Review Application (Form #2)
<input type="checkbox"/> Attach a scaled diagram of the market. |
| | <input type="checkbox"/> 3. Public Market Plan Review Fee: _____ |
| | <input type="checkbox"/> 4. Certificate of Liability Insurance (Sample Form #3)
a. This must be furnished by your insurance agent.
b. You are required to have general liability with the following coverages:
<input type="checkbox"/> \$200,000 per occurrence and \$600,000 aggregate for property damage, personal injury or death.
<input type="checkbox"/> The City of Minneapolis shall be named as an additional insured.
<input type="checkbox"/> N/A – Market is not located on sidewalk, street or public right-of-way. |
| | <input type="checkbox"/> 5. Market Managers: Attach a list of market vendors. Include both licensed and exempted vendors. |
| | <input type="checkbox"/> 6. License Fee: _____ plus New License Surcharge: _____ |

Your License Application

- Incomplete applications will be returned. All applications must be signed by an owner, partner or principal.
- No license will be issued for a period longer than one year. Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.

Information in Other Languages

Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.



City of Minneapolis
Licenses and Consumer Services
 250 South 4th Street – Room 300
 Minneapolis, MN 55415–1391
 612-673-3000 or 311
 Fax: 612-673-2635 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

#1

For Office Use Only
License # L
CSR:
Fee: \$
Date:

License Application

1. BACKGROUND INFORMATION			
Type of License (Check ONLY One)			
<input type="checkbox"/> Market Vendor: Individual selling goods or services at a local market. <input type="checkbox"/> Market Distributor <input type="checkbox"/> Market Manufacturer <input type="checkbox"/> Public Market: A place for vendors to sell goods or services. <input type="checkbox"/> Farmers Market <input type="checkbox"/> Mini Market <input type="checkbox"/> Produce & Craft Market			
Name of Applicant	Title	Date of Birth	
Home Address of Applicant		Business Telephone	
Mailing Address (If different than Business Address)		MN Sales Tax ID, Social Security, or Individual Tax ID Number	
Market Address (for public markets only)			
E-mail Address (Required)	Fax Number	Cell Phone Number	
Legal Name of Business	Trade Name/DBA (If applicable)		
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	State of Incorporation	Date 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. PARTNERS, OWNERS, AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Have any of the people listed above been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide or attach specific information about dates and conviction.			

3. BUSINESS INFORMATION

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 Minneapolis or another government entity? YES NO
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

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.

4. VERIFICATION

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 ONLY 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 forth 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 I will not have more than five (5) market vendors present at any time of the 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 a minimum of thirty (30) percent of my total market vendors will be food market vendors and a maximum of one (1) market vendor or ten (10) percent, whichever is greater, will be 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 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 _____

APPLICATION TYPE CHECK ONE:	
<input type="checkbox"/>	NEW MARKET
<input type="checkbox"/>	MODIFICATIONS TO EXISTING MARKET

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 #:	AMOUNT
DATE:	
REVIEWED BY:	

PUBLIC MARKET HEALTH PLAN REVIEW APPLICATION

1. MARKET INFORMATION

NAME OF PROPOSED MARKET (PLEASE PRINT)			
STREET ADDRESS OF PROPOSED MARKET	CITY	STATE	ZIP CODE
NAME OF MARKET OPERATOR	EMAIL ADDRESS	TELEPHONE	
MAILING ADDRESS OF MARKET OPERATOR	CITY	STATE	ZIP CODE

2. MARKET MANAGER INFORMATION

NAME OF MARKET MANAGER	EMAIL ADDRESS	TELEPHONE	
RESIDENTIAL STREET ADDRESS	CITY	STATE	ZIP CODE
WILL YOU SPONSOR FOOD OR COOKING DEMONSTRATIONS THAT INCLUDE SAMPLING TO CUSTOMERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES,			
NAME OF CERTIFIED FOOD MANAGER _____ <input type="checkbox"/> Attach a copy of current MN DEPT OF HEALTH CERTIFICATE .			
NAME OF FOOD SAFETY COURSE _____ DATE _____			

3. TYPE OF APPLICATION

NEW MARKET MODIFICATIONS TO EXISTING MARKET NEW OWNERSHIP NEW LOCATION

3. DATES and HOURS OF OPERATION (Not to exceed 75 days)

START DATE: _____	END DATE: _____
SUNDAY: _____	THURSDAY: _____
MONDAY: _____	FRIDAY: _____
TUESDAY: _____	SATURDAY: _____
WEDNESDAY: _____	

4. OPERATIONS

IS THE MARKET LOCATED ON A HARD, SMOOTH AND CLEANABLE SURFACE? YES NO
 NOT REQUIRED FOR NON-FOOD MARKET VENDORS AND AGRICULTURAL PRODUCERS.

WHERE WILL TOILET FACILITIES BE LOCATED?

If renting portable toilets, attach a copy of the contract.

HOW WILL POTABLE WATER BE PROVIDED?

IF NEEDED, HOW WILL POWER BE PROVIDED TO MARKET VENDORS?

Note: Vendors selling potentially hazardous food products must provide mechanical refrigeration.

WHO WILL BE RESPONSIBLE FOR TRASH REMOVAL AND DISPOSAL?

5. INDOOR MARKET EVENTS (FARMERS MARKETS AND MINI MARKETS ONLY)

MARKETS SHALL TAKE PLACE OUTDOORS WITH THE EXCEPTION OF UP TO SIX INDOOR EVENTS PER YEAR, AS DESIGNATED ON THE LICENSE APPLICATION AND APPROVED BY THE APPROPRIATE DEPARTMENTS IN ADVANCE OF THE INDOOR EVENT.

ADDRESS	DATES AND TIMES
1.	
2.	
3.	
4.	
5.	
6.	

6. CONSTRUCTION/REMODELING- REQUIRED FOR INDOOR MARKETS ONLY

Are you planning to remodel market space? Yes No
 Is there any construction/remodeling in progress? Yes No
 What type of work will you be doing? Enlarge Reduce Other: _____
 Describe:

Have plans been submitted to: Minneapolis Development Review Yes No Environmental Health Plan Review Yes No

Have you obtained the necessary permits? Yes No

All existing/used mechanical kitchen systems must be certified by a licensed mechanical professional that they are in working order and appropriate for their use. You may be required to supply a signed letter/document from a licensed mechanical professional listing all mechanical kitchen systems, their use, and whether they are in working order.

7. VERIFICATION

 Applicant Name (Print) Signature Date

PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Are there outstanding upgrades or compliance issues? Yes (Explain) No See attached report.

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

 EH Inspector Name (Print) Signature Date

PLAN REVIEW FESS MUST BE PAID WHEN SUBMITTING APPLICATION WITH A SEPARATE CHECK OR MONEY ORDER PAYABLE TO MINNEAPOLIS FINANCE.

City of Minneapolis Requirements for Insurance Certificates

#3

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

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 - COMPOP 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 EMPLOYER'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

Original signature or stamp of Agent.

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

Definitions and License Requirements

[Minneapolis Code of Ordinances, Chapter 201.10](#)

The following types of foods **CANNOT** be sold under any of the exemptions below: apple or fruit juice; pumpkin pies; custard pies; cream puffs; low acid canned foods such as green beans, corn, peas, mushrooms, soups, meat, fish, or eggs; any other ready-to-eat, potentially hazardous food products containing meat, eggs, dairy, or any product that requires refrigeration. Preparation for these products must occur in a licensed commercial kitchen and you will need either a [Market Distributor](#) (off-site consumption, no food handling on-site) or [Market Manufacturer](#) (immediate consumption, food handling on-site) license. Applications are available by clicking the [underlined words](#).

Agricultural Producer: A grower, farm processor, or a group of growers or farmer processors belonging to a growers' cooperative, or wild-harvester, that is principally engaged in the production of farm and wild-harvested products. Contact your Market Manager for application materials.

Craft Producer: A market vendor who manufactures or crafts non-food goods by the force of their own labor, who has control over the means and methods of production, and who assumes the principal financial and liability risk for the production enterprise. No license required. Call the State of Minnesota, 651-296-6181, for sales tax requirements.

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. Contact your Market Manager for application materials.

Farmers Market: A primarily outdoor recurring event, created for public benefit, where on designated days and times, a group of market vendors consisting principally of agricultural producers (and may include food market manufacturers, food market distributors, craft producers, home processors and vendors of services) are organized for the purpose of selling their products directly to the public.

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.

Food Market Manufacturer: A market vendor who sells and handles foods prepared for **immediate consumption** at the market.

Grower: A market vendor who sells products that are grown, raised or harvested on land owned or leased by grower including vegetables, fruits, eggs, meats (without added ingredients), plants, flowers, honey, maple syrup, etc. Contact your Market Manager for application materials.

Home Processed Foods: Products made through the transformation of raw ingredients into a finished food product prepared in the home including, but not limited to, jams, jellies, pickles, baked goods and confections.

Home Processor: A market vendor who sells home processed foods prepared by market vendor who has control over the means and methods of production, assumes principal financial and liability risk for the production enterprise, and who is not regularly engaged in the business of manufacturing and selling food. State of Minnesota registration is required.

Immediately Consumable: Products made through the transformation of raw ingredients into a finished food product intended for consumption at the farmers market including, but not limited to, any foods sold which are heated or prepared on-site, beverages, ice cream, or services that are provided during the designated days and times of the market.

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

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

Plant Vendor: A market vendor who resells live plants or non-food plant products purchased from retail stores, wholesalers or agricultural producers, or sells such plants or plant products grown and harvested on land that is not owned or leased by the vendor. No license required.

Potentially Hazardous Foods: Foods that support the growth of bacteria and that require time or temperature control for food safety.

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

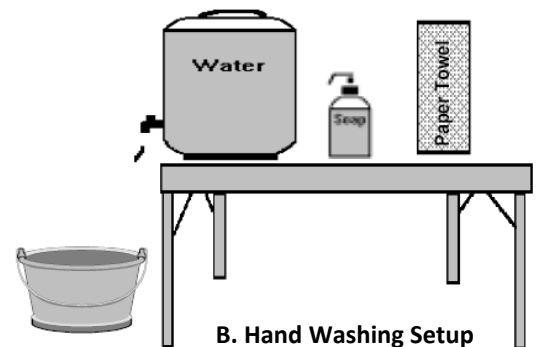
GUIDELINES FOR DISPENSING FOODS AT EVENTS & MARKETS

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 for the food stand. If at an event where 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 food and food related items.
- Prepare all food in a licensed commercial kitchen or onsite. Home prepared foods are allowed **ONLY** for vendors listed in MN Statute 28A.15.
- Transport all food products in insulated, covered (picnic) chests in clean vehicles.
- Use mechanical refrigeration for keeping potentially hazardous foods cold.
- Reheat** food quickly to **165°F** and **hold at 140°F or higher**. Outdoor use of “**Sterno**” and chafing dishes is **prohibited**.
- Keep potentially hazardous foods, such as meats, fish, poultry, cooked rice, and salads at **41°F or colder or 140°F or hotter**. Provide a metal-stem thermometer.
- Prepare and serve all foods out of reach of the customers. Self-service is prohibited unless proper utensils are provided such as individual soufflé cups for dips, toothpicks for individual food samples, tongs for serving chips, paper plates for bread samples, etc.
- 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.
- HAND WASHING:** WASH HANDS FREQUENTLY AND PRIOR TO HANDLING FOOD. Hand washing equipment (illustrations A and B) **MUST** be located within 10 feet of the food stand.
 - Provide soap, running water, paper towels, and catch bucket.
 - Hands **MUST** be washed with running water and soap.
- A hand washing device supplied with running water at a temperature between 70°F and 110°F, soap, nail brush, and paper towels must be provided at all stands where food is prepared. (See illustration A)
- For stands that are disassembled after each use, a gravity-fed hand washing device and three containers of sufficient size to immerse utensils (illustrations B and C) may be used in lieu of these requirements if:
 - only beverages are served from their original containers or bulk beverage dispenser;
 - only prepackaged, non-potentially hazardous food is sold, prepared, or served; or
 - the menu is limited to prepackaged potentially hazardous foods cooked or prepared to order, or precut or prewashed foods that have been obtained from a licensed food establishment.
- UTENSIL WASHING EQUIPMENT:** Provide three labeled buckets big enough to accommodate the largest utensil. (See illustration C)
 - 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 – 220 PPM for Chlorine; 200-400 PM 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.



A. Hand Washing Station
Required for food prepared onsite



B. Hand Washing Setup
Suitable for food prepared offsite

