



Mobile Food Unit License Application

ALL APPLICANTS MUST APPLY IN PERSON WITH A VALID PHOTO ID

Applicant Information:

Full Legal Name:

Street Address:

City:

State:

Zip:

Is this your permanent address? Yes No If no, please provide permanent address.

Primary Phone:

Cell Phone:

Email:

Business Information:

Name of Company:

Business Address:

City:

State:

Zip:

Email:

Website:

List of persons working in the mobile food unit:

Description of items to be sold:

Vehicle Information:

License Plate:

State:

Make:

Model:

Year:

Color:

State License:

Mobile food units shall hold a valid license from the State of Minnesota Department of Health or department of Agriculture. A copy of the state license must be attached to this permit application.

Certificate of Insurance:

The City requires all applicants to provide a Certificate of Insurance by an insurance company authorized to do business in the State of Minnesota with this application, evidencing the following forms of insurance:

1. Commercial general liability insurance, with a limit of not less than one million dollars (\$1,000,000) each occurrence. If such insurance contains an annual aggregate limit, the annual aggregate limit shall be not less than two million dollars (\$2,000,000);
2. Commercial automobile liability insurance with a limit of not less than one million dollars (\$1,000,000) each occurrence. The insurance shall cover liability arising out of any auto, including owned, hired and non-owned vehicles;

3. Food products liability insurance, with a limit of not less than one million dollars (\$1,000,000) each occurrence;
4. Umbrella/Excess liability insurance, with a limit of not less than one million dollars (\$1,000,000) each occurrence;
5. Workers compensation insurance (statutory limits) or evidence of exemption from state law.
6. The city shall be endorsed as an additional insured on the General Liability, Auto Liability, and Umbrella/Excess Liability policies. The insurance coverage must be primary and non-contributory. This certificate must be on file with the city if the applicant intends to operate its vehicle on public property including public right of way;
7. The General Liability, Business Auto, and Worker's Compensation policies should all contain waivers of subrogation with reference to the City of St. Michael;
8. The certificate of insurance must contain a provision requiring a (10) day notification be sent to the city should the policy be cancelled before its expiration.

Previous Licenses:

Please list the last three (3) municipalities you've held a license for operating a mobile food unit. Include city, state and dates.

Criminal Background:

Have you been convicted within the last 5 years of any felony, gross misdemeanor, misdemeanor or petty misdemeanor for a violation of any state or federal statute or any local ordinance, other than a petty misdemeanor traffic violation? Explain below the offense you were charged with, the location (City, County, State), what you were convicted of, the sentencing you received (fine, probation, parole, etc.) and the current status of your sentencing. Yes No If yes, please describe nature of offense, date and place of conviction:

I authorize the City of St. Michael to complete a background check for the purpose of processing my license or registration application request.

I agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of St. Michael. These statements are true, correct and are made with the knowledge that this information may be public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Applicant's Signature

Date

Submittal Checklist:

- Completed Application.
- \$100 fee, payable to "City of St. Michael"
- Copy of driver's license or valid government issued photo identification.
- Certificate of Insurance.
- Property Agreement
- Copy of proof of MN Department of Health or MN Department of Agriculture License.
- Completed and signed Background Investigation Consent Release & Tennessee Warning.
- Business Tax Identification Information - Form SP:C1
- Completed and signed Certificate of Compliance MN Workers' Compensation Law form.

Please Note: License applications can take up to 10 days for approval so please allow ample time between the application and your first event.



11800 Town Center Dr. NE
 St. Michael, MN 55376
 Phone: 763-497-2041
www.stmichaelmn.gov

PROPERTY AGREEMENT

Written consent from the property owner must be submitted with license application.
 Please print off additional copies of this page for each additional property.

Dear Property Owner,

A mobile food unit has applied for a license to operate on your property for a period of no more than 21 days. As part of this application process, the applicant must receive the written consent from the private property owner.

Please be advised City Code regulates the following for mobile food units:

- Be licensed with the City, County (if applicable) and the Minnesota Department of Health.
- Be parked in a private parking lot or on a private residential property with written consent of the owner, be located a minimum of 5' from driveways, side and rear property lines, be 300' from the perimeter of a city approved festival/event, be 100' from a public entrance to any restaurant or outdoor dining area during hours of operation without owner's approval, be operated in city-owned parking lots, except those adjacent to or inside a park in conjunction with a special event approved by the city, be parked on a surfaced area and cannot occupy more than 2 parking spaces.
- Must follow performance standards including daily removal of trash/recycling, have an independent power supply, dispose of gray water daily (not into storm water drains), follow permitted hours of operation (8:00 am – 10:00 pm) unless otherwise approved by the City through a special event, not be operated in a traffic lane, on a sidewalk/trail or cause obstruction to traffic, be no more than 30' in length, be left unattended nor remain at an authorized location outside of permitted operation hours, close during adverse weather, and comply with all fire codes.

If you have any questions please contact the City's Planning Admin at (763) 416-7920. You can also contact the Minnesota Department of Health at (651) 201-4500. Please consider making a copy of this agreement for your records.

Mobile Food Unit Name:	
Property Name/Location:	
Property Address:	
Property Owner's Name:	Phone:
Dates at this Location (Cannot Exceed 21 days):	

I agree to allow _____ to locate on my property at
(Name of Mobile Food Unit)

_____ from _____ to _____
(Address) (Date) (Date)

Property Owner's Signature: _____ Date: _____



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Notification for License/Registration Involving Private or Confidential Information (Includes Tennessean Warning)

In connection with your request for a license the City of St. Michael has asked that you provide information about yourself which is classified as either private, confidential, nonpublic or protected nonpublic under the Minnesota Government Data Practices Act (M.S.A. 13.04). This means that this is data not ordinarily available to the general public. Accordingly, the city is required to inform you of the following:

1. The purpose and intended use of the information requested is: To determine if you are eligible for a license/registration from the City of St. Michael.
2. You are not legally obligated to supply the requested information
3. The known consequences of supplying the requested information are that the information of further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information are that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license or permit within the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statue 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as ground for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.
8. During the application process, your name and address may be released to the public. If the license is granted, all the data supplied will be available for inspection by the public.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Signature of Applicant

Date



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CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The information will be collected by the licensing agency and retained in their files.

The information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and /or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(last, first, middle)

Doing Business As: _____
(Business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: () _____

Signature: _____ Date: _____



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BUSINESS TAX IDENTIFICATION INFORMATION (FORM SP:C1)

Pursuant to Minnesota Statute MS 270C.72 Tax Clearance: Issuance of licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and Social Security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the MN Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing the authority will supply it only to the MN Department of Revenue. However, the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the I.R.S.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

Licensing Authority: City of St. Michael

License Information	
Name of license applied for:	
License application or renewal date:	

Personal Information	
Applicant's Name:	
Applicant's Address:	
Social Security Number:	

Business Information	
Business Name:	
Business Address:	
Minnesota Tax Identification Number:	
Federal Tax Identification Number:	

If a MN Tax ID is not required, please explain on the back of this form

Signature: _____

Date: _____