Mobile Food Application

Community Development Department
Code Enforcement & Public Health Division
5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 493-8070

Mobile Food Unit

A mobile food unit (MFU) is a self-contained food service operation, located in a readily movable motorized wheeled or towed vehicle, used to store, prepare, display or serve food intended for individual portion service that is readily movable without disassembling, or as defined in M.S. § 157.15, Subd. 9. The unit can operate no more than 21 days annually at any one place, or operating more than 21 days annually at any one place with the approval of the regulatory authority as defined in Minnesota Rules, part 4626.0020, subpart 70;

Plan Submittal & Licensing

Individuals or groups interested in operating a MFU must submit a plan review application with fees and obtain approval before operating. The plan review submittal requirements, application, and additional resources are available on our website at: www.brooklynpark.org. Once plans are approved and construction is completed, contact our office to request an inspection and a license application. The license fee is separate from the plan review fee.

Note: MFU's that have already been reviewed and approved by the Minnesota Department of Health or Agriculture may not require plan review from our agency. Please review these exemptions with the inspector when requesting a license application.

The following information is required. All applications are subject to a 10-day approval period.

- License Period: January 1st - December 31st
- Completed application / License Fee:
  - $150.00 – Full Operation Vehicle (Includes food preparation and cooking facilities in vehicle)
  - $110.00 – Limited Operation Vehicle (Moderate food preparation and warming/holding units)
  - $90.00 – Pre-Packaged Vehicle (Pre-packaged foods only)
  - Fee Exempt – Currently Licensed by the MN Dept. of Agriculture (copy of license is required)
- Late Fees on license renewals: 1-15 days late= 50% of license fee and 16+ days late= 100% of license fee
- License fees are not pro-rated, transferred or refunded
- Is worker's compensation coverage required? _____ Yes _____ No
- Minnesota Tax Identification Number
- Additional information:
  - An inspection must be completed prior to operation. The license decal must be posted on the front left side on the outer portion of the vehicle.
  - The owner/operator shall have written permission of the current property owner to locate at their business.
  - The area(s) designated for the Mobile Food Unit and accessory outdoor seating may not block sidewalks, impede pedestrian or vehicular traffic, or interfere with public safety.
  - No Mobile Food Unit or accessory outdoor seating area may occupy parking spaces which may be leased to other businesses or used to fulfill its minimum parking requirements or any handicap accessible parking space.
  - Mobile Food Unit locations are limited to private property located in a Business District as listed in § 152.361.
  - Mobile Food Units shall be located on an asphalt or concrete surface.
  - The owner/operator must provide trash receptacles for customer use and keep the site in a neat and orderly fashion, free from litter, refuse, debris, junk or other waste which results in offensive odors or unsightly conditions.
  - Temporary signage is permitted in accordance with § 150.06 (A) (6) Pedestrian signs.
  - Mobile Food Units cannot locate within 100 feet of from the main entrance of an eating establishment or any outdoor dining area.

(Please complete the all sections in the application – next 4 pages)

City Use Only: Approved _____
Fee $ _____
License # _____

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GOVERNMENT DATA PRACTICES ACT – TENNESSON WARNING:
The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

Business/Owner Name: _____

Doing Business As: _____

Business Address: _____
Street *City* *State* *Zip Code*

Business Phone #: _____ *Email:* _____

Emergency Contact: _____ *Emergency Phone #:*_____

Manager of Mobile Food Unit: _____ *Phone #:*_____

Onsite Email for food recalls and emergencies: _____

Is this a corporation? □*YES* □*NO* *Is this a partnership?* □*YES* □*NO* *Is this an LLC?* □ *YES* □ *NO*

**If yes, attach a list of names, addresses, and percent of interest of each.*

Applicant's Name: _____

Applicant's Home Address: _____
Street *City* *State* *Zip Code*

Applicant's Phone #: _____ *Email:* _____

Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal. The undersigned declares that the information provided in this license application is truthful and authorizes the City of Brooklyn Park to investigate the information provided.

Applicant's Signature: _____***Date:***_____

Make checks payable to City of Brooklyn Park or for credit card payments, complete the information below:

Payment: □ Visa □ MasterCard □ Discover □ Check □ Cash

Card Number: _____

Security Code (three digit number on back of card) _____ Expiration Date: _____

Signature_____ Date: _____

Mobile Food Unit Information

Owner of the building(s)/land at which the vehicle will be parked (give full name, address and telephone number):

_____

_____

_____

_____

Event date(s)							
Times (Start/Finish)							

MOBILE FOOD UNIT - Is a self-contained food service operation, located in a readily movable motorized wheeled or towed vehicle, used to store, prepare, display or serve food intended for individual portion service that is readily movable without disassembling, or as defined in M.S. § 157.15 Subd 9.

A mobile food unit cannot operate more than 21 days annually at any one place without the approval of the regulatory authority.

Is the mobile food unit licensed by another agency? ☐ City ☐ State

A commissary is required for all mobile food units which do not or cannot conduct all of their operations within the unit. Please provide the name of the commissary kitchen if necessary:

Address: _____
Street *City* *State* *Zip Code*

Contact Name: _____ Contact Number: _____

A copy of the commissary kitchen's license within the respective jurisdiction is required.

Menu

List all Foods that will be served (no homemade foods are allowed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Type of water source used ☐ City ☐ Well

How and where is the grey water disposed of? _____

MINNESOTA BUSINESS TAX IDENTIFICATION/
SOCIAL SECURITY NUMBER

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

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 MSS 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. This information will be collected by the licensing agency and retained in their files.

This 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 and/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.

Full Name (Last, First, Middle)	
Doing Business As: (Business name if different than your name)	
Business Address	
City, State, Zip	Phone ( )

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.	
Signature	Date

OR

Insurance Company Name (**NOT** the insurance agent)
Policy Number
Dates of Coverage

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.	
Signature	Date