



A food truck (mobile food unit) is a self-contained movable vehicle – either motorized or towed, used to store, prepare and serve food to individuals. The unit can operate no more than 21 days annually at any one place without the approval of the City. Food Trucks are required to go through a plan review with the City’s Public Health Division and must obtain approval before operating.

- Food Truck Licenses run from January 1<sup>st</sup> to December 31<sup>st</sup>.
- Food Truck license applications are subject to a 10-day approval period.
- Late Fees on license renewals:
  - 1-15 days late = 50% of license fee
  - 16+ days late = 100% of license fee
- License fees are non-refundable.
- Food Truck Licenses are not transferrable.

The following information is required:

- Food Truck Application Form
- Minnesota Tax Identification Form
- Certificate of Compliance – Minnesota Workers’ Compensation Form
- Food Truck Location Permission Form

Food Truck License Types		Fee
<b>Full Truck</b>	Full service, cooking and handling of raw items	\$160
<b>Limited Truck</b>	Same day food service. No preparation of raw food items. Food in ready-to-eat form or reheated	\$115
<b>Pre-Packaged Truck</b>	All food and beverage items are pre-packaged from an approved source	\$95
<b>Fee-Exempt</b>	Currently licensed by the Minnesota Department of Agriculture <b><u>Attach a copy of the license.</u></b>	\$0



# Food Truck License Application Form

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

**GOVERNMENT DATA PRACTICES ACT – TENNESON 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.

*The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County, Minnesota, for license subject to the laws of the State of Minnesota and of the City of Brooklyn Park.*

**Food Truck License Type:**  Full  Limited  Pre-Packaged  Fee-Exempt

**Business/Owner Name:** \_\_\_\_\_

**Doing Business As:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

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 Address, City, State, Zip:** \_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*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:** \_\_\_\_\_

*Office Use Only:*

Approved by \_\_\_\_\_ Fee \$ \_\_\_\_\_ License # \_\_\_\_\_

## 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: <ul style="list-style-type: none"><li><input type="checkbox"/> I have no employees.</li><li><input type="checkbox"/> I am self-insured (include permit to self-insure).</li><li><input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).</li></ul>
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I certify that the information provided above is accurate and complete.	
Signature	Date

**OR**

Insurance Company Name <b>(NOT the insurance agent)</b>
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