



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 Environmental Health Division and must obtain approval before operating.

- Food Truck Licenses run from January 1st to December 31st.
- Food Truck license applications are subject to a 10-day approval period.
- License fees are non-refundable and non-transferrable.
- Late Fees on license renewals:
 - 1-15 days late = 50% of license fee
 - 16+ days late = 100% of license fee

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



Mobile Food Application

Community Development Department

Environmental Health Division

5200 85th Avenue North / Brooklyn Park, MN 55443

Phone: (763) 493-8070

GOVERNMENT DATA PRACTICES ACT – TENNESSEN 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.

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

Business Name: _____

Doing Business As: _____

Owner's Name: _____ Phone Number _____

Owner's Address: _____
Street City State Zip Code

Owner's Email Address: _____

Emergency Contact Name: _____

Emergency Phone number: _____

Is this a corporation? YES NO Is this a partnership? YES NO

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

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

Date received _____ Approved by _____ Approved date _____



Certificate of Compliance

Minnesota Department of Revenue

INFORMATION

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.**

REQUIREMENTS

- You must complete section A **OR** B below.
- Social Security Number (if an individual) **OR** Minnesota/Federal Tax ID Number (if a business).

SECTION A – Complete this portion if you are an individual:

Full Legal Name

_____ Last Name First Name Middle Name Maiden Name (if applicable)

Other names you have used and/or are also known as: _____

Home Address

_____ Street City State Zip Code

Social Security Number

(123 - 45 - 6789)

Position

PLEASE SELECT ONE: Owner/Partner Employee

Applicant Signature

Date

_____ (MM/DD/YYYY)

SECTION B – Complete this portion if you are a business:

Business Name

Business Address

_____ Street City State Zip Code

Minnesota Tax ID Number

(1234567)

Federal Tax ID Number

(12 - 3456789)

Applicant Signature

Date

_____ (MM/DD/YYYY)



Certificate of Compliance Minnesota Worker's Compensation Law

INFORMATION

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.

REQUIREMENTS

- You must complete section A **OR** B below.

SECTION A – Complete this portion if you are exempted or self-insured:

Full Legal Name

Last Name First Name Middle Name Maiden Name (if applicable)

Home Address

Street City State Zip Code

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

- PLEASE SELECT ONE:
- I have no employees.
 - I am self-insured (include permit to self-insure).
 - I have employees, but they are not 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.

Applicant Signature

Date

(MM/DD/YYYY)

SECTION B – Complete this portion if you are insured:

Business Name

Business Address

Street City State Zip Code

Insurance Company Name

Insurance Policy Number

Effective Date

Expiration Date

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

Applicant Signature

Date

(MM/DD/YYYY)



Mobile Food Location Permission Form

Community Development Department
Environmental Health Division

5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 493-8070

Food trucks can operate on private property in any business district within the City of Brooklyn Park with written permission of the property owner.

Requirements:

- The business owner/operator must provide the food truck written permission to operate on their property.
- The food truck can only operate during the hours of operation that the primary business operates.
- No overnight storage of the food truck is allowed at the primary business property.
- The food truck cannot use the electric or water hook-up from the permanent building.
- The food truck must park in an approved parking location and cannot block sidewalks, impede pedestrians or vehicle traffic, or interfere with public safety.
- Food trucks cannot locate within 100 feet of the main entrance or outdoor patio of a brick-and-mortar restaurant.

Any violation of the City’s zoning code is the responsibility of the property owner, not the food truck. Any violation that pertains to the operation of the food truck will be the responsibility of the food truck license holder.

Property owner grants permission for _____

To locate their food truck at location address: _____

Name of existing business on property: _____

Property owner’s name: _____

Property owner’s email: _____ Phone number: _____

Vehicle is authorized to locate on the property the following days and time:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time:							

Property owner’s signature _____ Date: _____