



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.

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	\$165
Limited Truck	Same day food service. No preparation of raw food items. Food in ready-to-eat form or reheated	\$120
Pre-Packaged Truck	All food and beverage items are pre-packaged from an approved source	\$100
Fee-Exempt	Currently licensed by the Minnesota Department of Agriculture <u>Attach a copy of the license.</u>	\$0
Additional Vehicle		\$75



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 a sole proprietor) **OR** Minnesota/Federal Tax ID Number (if a business).

SECTION A – Complete this portion if you are a sole proprietor:

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 **Position** PLEASE SELECT ONE: Owner Officer Partner
(123 - 45 - 6789)

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 **Federal Tax ID Number**
(1234567) (12 - 3456789)

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)