

Mobile Food Unit License Application

City of Pine River

200 Front ST.N./P.O.Box 87 ♦ Pine River, MN 56474 ♦ 218.587.2440 ♦ 218.587.2168 (fax)
www.cityofpineriver.org

Mobile food units self-contained food service operation per Minn.Stat. 157.15, subd.9

Annual License Fee: \$150.00

Special Event Fee: \$25.00

Business Information

Name of Truck/ Trailer _____ Truck/ Trailer Size _____

DBA Name (if different) _____

Owner's Name _____ Federal ID # _____ License Plate # _____

Address/ City/ State/ ZIP _____

Phone: _____ Cell Phone: _____

Email: _____

Proposed Operating Location & Times (City License)

Location / Area	Days	Hours of Operation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Park Event Information

Event Date(s) _____ Event Name(s) _____

Event Location(s) _____ Hours of Operation _____

Is access to electrical power needed? Yes No If YES, vendor must provide power cords.

CITY OF Pine River

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 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:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest:
2. Upon receiving this 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 Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:

LICENSING AUTHORITY: City of Pine River

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

Applicant's Name _____

Applicant's Address _____

City _____ State _____ Zip Code _____

Social Security Number _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Minnesota Tax Identification Number _____

Federal Tax Identification Number _____

If Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature

Position(Officer, Partner, Individual, Etc.)

unit.

b. A certificate evidencing the insurance coverages consistent with the requirements of Number 6. Insurance.

c. If applying for only a one-day license, the applicant must provide the exact date and location of proposed mobile food unit operations.

(2) Applications must be received at least seven (7) days before the first planned operation date of the mobile food unit.

(F) *Insurance.*

(1) No license shall be granted, nor be effective, until the applicant files with the City a Certificate of Insurance by an insurance company authorized to do business in the State of Minnesota, evidencing the following forms of insurance:

a) Commercial general liability insurance, with a limit of not less than one million dollars (\$1,000,000.00) for each occurrence. If such insurance contains an annual aggregate limit, the annual aggregate limit shall be not less than two million dollars (\$2,000,000.00),

(b) Automobile liability insurance with a limit of not less than one million dollars (\$1,000,000.00) for each occurrence and a general aggregate limit of not less than two million dollars (\$2,000,000.00).

(c) Workers compensation insurance (statutory limits) or evidence of exemption from state law.

(G) *Conditions of License.* A mobile food unit may only operate as set forth in the following:

(1) *Locations.* A mobile food unit may only operate in the locations set forth in this paragraph as specified in the license. For-profit mobile food units are not allowed to operate on public property or right-of-way, including the City Hall, City Park, City streets, and City sidewalks. Not-for-profit mobile food units may operate on private property in the zones listed above. A business must be operation on a property in order for a mobile food unit to be allowed. The written consent of the owner of such property is required.

(2) *Notification.* Applicants with seven (7) day or annual licenses must submit the date and location of mobile food unit operation in writing (whether physically or by email) to the City Clerk-Treasurer at least twenty-four (24) hours in advance. Failure to comply will result in suspension of license.

(3) *License Non-Transferable.* A mobile food unit license is non-transferable.

(4) *Performance Standards and Permitted Uses.* Mobile food units, including trucks, trailers, wagons, carts, seasonal temporary food stands, etc., are allowed on public and private property subject to the following:

(a) Only food and non-alcoholic beverages can be sold.

(b) At least one (2) trash receptacle with a tight-fitting lid shall be provided.

(c) Operators must clean around their unit at the end of each day.

(d) Operator cannot call attention to themselves by crying out, blowing a horn, ringing a bell, and playing music or other noise discernable beyond the unit.

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.