

Mobile Food Unit License Application

Applicant must deliver or send completed application to City Hall. The application will be reviewed by the City Clerk and Community Development Director. If all license requirements are fulfilled, a license will be issued. Failure to provide complete and accurate information will result in denial of the license.

Some requested information including the State SP:C1 form and driver's license is classified as private/confidential under the Minnesota Data Practices Act. This information is required by state law or City ordinance. The information will be used to determine your eligibility for issuance of a license.

Application Checklist

- Completed Application
- Completed and signed MN Dept of Revenue SP:C1 Form
- Completed and signed Certificate of Compliance MN Worker's Compensation Law Form
- Fees
- Copy of Valid driver's license or valid government-issued photo ID
- Proof of Minnesota Department of Health license
- Certificate of Insurance by an insurance company authorized to do business in Minnesota
- Fire Department Compliance Form

1. Type of License

- Annual – Fee \$50
- Temporary (up to 7 days) – Fee \$10

2. Applicant (Owner)

Full Legal Name (first, middle, last): _____

Primary Phone: _____ Alternate Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

Is this your permanent address? Yes No

If not, please provide your permanent address: _____

City: _____ State: _____ Zip code: _____

3. Background and References

Have you ever been convicted of any felony, gross misdemeanor or misdemeanor for violation of any state or federal statute or any local ordinance, other than traffic offenses? Yes No

If yes, please describe nature of offense, date and place of conviction:

Must provide two character and business responsibility references.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

4. Business Information

If your business will have multiple food truck units in the City of Monticello, please fill out this page for each truck.

Name of Company: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

Email: _____ Website: _____

Name and contact information of primary food truck operator, if different from applicant/owner:

Describe the items to be sold: _____

Mobile Food Unit Vehicle

License Plate #	State	Make	Model	Year	Color

Commissary

The state of Minnesota requires all mobile food units to store and prepare food in a licensed commercial kitchen.

Commissary Name: _____ Phone: _____

Commissary Address: _____

City: _____ State: _____ Zip code: _____

Location where disposing gray water (used water), if different from commissary: _____

Certificate of Insurance Information

The City requires all applicants to provide a Certificate of Insurance by an insurance company authorized to do business in the state of Minnesota, evidencing the following forms of insurance:

- Commercial general liability insurance, with a limit of not less than one million dollars (\$1,000,000.00) 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);
- Automobile liability insurance with a limit of not less than \$2,000,000 combined single limit. The insurance shall cover liability arising out of any auto, including owned, hired, and non-owned vehicles;
- Food products liability insurance, with a limit of not less than one million dollars (\$1,000,000.00) each occurrence;
- Public liability insurance, with a limit of not less than one million dollars (\$1,000,000.00) each occurrence;
- Property damage insurance, with a limit of not less than one million dollars (\$1,000,000.00) each occurrence;
- Workers compensation insurance (statutory limits) or evidence of exemption from state law; and
- The City shall be endorsed as an additional insured on the certificate of insurance and the Umbrella/Excess insurance if the applicant intends to operate its mobile food unit on public property.

The Certificate of Insurance shall state that the insurance has been endorsed to require that the City be notified thirty (30) days in advance of cancellation of the policy or a material modification of a coverage term.

5. Applicant Signature

I agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of Monticello. The foregoing statement are true and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date _____

Property Agreement

Written consent from the property owner must be submitted with this application. Please print off additional copies of this page for each additional property.

NAME OF FOOD TRUCK: _____

Dear property owner,

The above-mentioned food truck unit has requested to locate on your property for a period of no more than 21 days. In order to do so, the applicant must receive the written consent of each private property owner from which it plans to conduct mobile food unit sales.

According to Monticello City Code, mobile food truck units:

- Must be licensed with the City and the Minnesota Department of Health. As part of the City license, food truck owners must have an agreement with the property owner to park on any property.
- Are **not** allowed to park on streets, in residential areas (with exception of catering events) or City property (without prior written approval).
- Can only park in a private commercial or industrial parking lot.
- May park overnight in your property's parking lot but must leave daily for fresh water.
- Can only operate between 7 a.m. and 10 p.m.
- **Cannot** dispose of water on the street or parking lot.

If you have any questions about the City of Monticello's mobile food truck ordinance, please contact the City Clerk's Office at (763) 271-3204. You can also contact the Minnesota Department of Health at (651) 201-4500. Please consider making a copy of this agreement for your records.

Property Name (where unit is to be located/parked): _____

Property Address: _____

Property Owner's Name: _____ Phone: _____

Dates at this Location: _____ to _____

I agree to allow _____ to locate on my property at Name of Food Truck Unit

_____ *for a length of time from* _____ *to* _____ .
Address Start Date End Date

Property Owner's Signature

Date

MONTICELLO FIRE DEPARTMENT

General Requirements

1. Mobile Food Units must have a City of Monticello Mobile Food Unit License to operate and this license must be posted.
2. Mobile Food Units must be approved by the Minnesota Department of Health and/or the Minnesota Department of Agriculture. A certificate indicating approval must be posted.
3. Portable fire extinguishers with a contractor service tag dated within the past 12 months must be provided.
 - a. For vendors without deep fat fryers a minimum of one (1) 2A:20BC shall be provided.
 - b. For vendors with deep fat fryers a minimum of one (1) Class K fire extinguisher and one (1) 2-A:20B:C fire extinguisher shall be provided.
4. Mobile Food Vendors providing cooking areas where grease-laden vapors are produced shall have installed a Type I commercial cooking hood.
5. Where a Type I commercial cooking hood is provided a UL 300 compliant fire suppression system shall be installed. This system shall have an inspection tag dated within the previous 6 months.
6. Where a Type I commercial cooking hood is provided the hood shall be maintained in a clean and operational condition at all times and shall be properly cleaned at least annual. Cleaning shall include the hood, ductwork, and ventilation fan.

Compliance Checklist

_____ Monticello Mobile Food License clearly posted.

_____ Minnesota Department of Health or Minnesota Department of Agriculture approval clearly posted.

_____ Fire extinguishers provided.

_____ Record of last hood, duct and fan cleaning. This must be completed at least annually and may be required more often depending on cooking volume. Have documentation available for the fire code inspector.

_____ Record of last inspection, test and maintenance of the UL 300 fire suppression system. This must be completed every six (6) months. Have documentation available for fire code inspector.

_____ Record of last inspection, test and maintenance of the UL 300 fire suppression system. This must be completed every six (6) months. Have documentation available for the fire code inspector.

_____ Propane cylinders are properly secured outside the vehicle or trailer.

_____ All propane valves, hoses and piping are in good condition.

_____ Portable generators are properly secured or separated from the vehicle.

Signature, Food Truck

Date

Mailing Address: 505 Walnut Street – Monticello, MN 55362 – Phone: 763-271-3204 – Fax: 763-295-4404

Fire Station: 303 6th Street West – Monticello, MN 55362

www.ci.monticello.mn.us

Form SP:C1 License Applicant

Pursuant to Minnesota Statute MS 270C.72 Tax Clearance : Issuance of licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and Social Security number of each applicant. Under Minnesota Government Data Practices Act and 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 MN Dept. of Revenue delinquent taxes, penalties or interest.
- 2 Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the I.R.S.
- 3 Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with you application to the agency issuing the license.

License applied for or renewed: _____

Licensing Authority: (Example: City, County, State) _____

License Renewal date: _____

Personal Information (If applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (If applicable)

Business Name: _____

Business Address: _____

Minnesota tax Identification Number: _____

Federal Tax Identification Number: _____

(If a MN Tax I.D. is not required, please explain on the reverse side of this form)

Signature _____ **Date** _____

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

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 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 put in their company 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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

OR

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 and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: _____

Signature: _____ Date: _____