



License Application: Food Truck

Definition: A food truck prepares or sells food, or both, from a motorized vehicle or trailer.

- Licensed trucks can operate curbside on approved streets.
- Licensed trucks can operate at a brewery, distillery, or other private property, with these limitations:

Food trucks must be removed daily when operation ends.

Food trucks may not operate more than 21 days annually at any one place.

Food preparation and storage must occur at a commercial kitchen licensed in Minneapolis. Food cannot be prepared or stored at home. Vehicles may not be stored at home.

Street locations are available daily on a first-come first-served basis.

You do not need another license/permit at any event (farmers markets, block events) but you must have written permission from the event organizer. These are reviewed and approved by the Minneapolis Health Department.

You may have entertainment such as radio, television, or electronically reproduced music contain within your vehicle. Music/noise cannot be amplified.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application requirements

1. Email a [Food Plan Review Form](#) (Form #7) to development@minneapolismn.gov. There is a fee for this review. (Usually Risk 1/lowest square footage) If you have questions, call 612-673-3000 or email development@minneapolismn.gov. ***This is a separate review and we cannot approve your license until it is completed.***
2. Complete the application (form #1) and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
3. There is a fee, plus a new license processing charge, for this application. You can pay by **Cash:** Do not mail cash, drop off in person.
 Check: Make checks payable to- Minneapolis Finance Department
 Credit Card: Mail, drop off or email your application to businesslicenses@minneapolismn.gov. ***Do not add your credit card information on this application.*** We will call you to securely charge your credit card.
4. **Certified Food Protection Manager:** The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening.
 Attach a copy of your Minnesota Department of Health certificate.
 I currently do not have a Certified Food Protection Manager.
5. Food Truck Supplemental Form (Form #2)

6. **Background Check:**
- Attach a [Data Privacy Advisory](#) (Form #3): This is required for the applicant and each owner and/or partner.
 - Include a copy of your driver's license and background report. This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#). No one can have a conviction in the last five (5) years **related to** operating a food business. This also can include food subsidy program or controlled substances violation.
7. **Menu:** Attach a copy of the menu and/or list of food items for sale.
8. Attach a diagram of your truck, using the [Food Truck Vehicle Requirements](#) (Form #4)
9. Attach your [Site Plan](#) (Form #5) of Proposed Private Property Location. Plans that do not conform to the requirements will be returned.
- N/A. I am operating at street locations only.
10. [Letter of Consent](#) (Form #6) is required if the proposed location is:
- on private property/parking lot of brewery, distillery or park. Written consent is required from the property owner.
 - within 200 feet of park board property. Written consent from the Minneapolis Park Board may include a permit, agreement, or other required written authorization.
 - within 100 feet, on the same block face, and has direct sidewalk access to a restaurant or sidewalk café. Written consent is required from the proprietor of the restaurant.
 - N/A. None of these apply.
- Note: Maintain a copy of this consent in your food truck while operating.
11. **Hold Harmless Statement for Public Property** (Form #7)
- Attach a signed statement that the license holder shall hold harmless and indemnify the city, any applicable special service district, and their officers and employees, for any claims for damage to property or injury to persons which may be caused by any activity carried on under the terms of the license.
12. [Certificate of Liability Insurance](#) must be submitted after approval of your Site Plan and Vehicle Plan. This is required before a license will be granted. This must be furnished by your Insurance Agent. You are required to have public liability, food products liability and property damage insurance in the amount of \$1,000,000 per occurrence to protect license holder, property owners and the city from all claims for damage to property or bodily injury, including death, which may arise from operations.

2. Additional licenses

Would you like to apply for another license?

1. Contact your License Inspector or email businesslicenses@minneapolismn.gov with any questions.
2. You will need to complete additional applications and the licenses are not valid until the application has been reviewed, approved and license is issued.

Business License Application

3. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
<u>Minnesota Sales Tax ID Number</u> (Required)	<u>Social Security Number or ITIN</u> (Required)		
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

4. Business information

License(s) Requested:			
<input type="checkbox"/> Starting a new business in a new food truck. (New Business)		<input type="checkbox"/> Adding a new license to an existing business. (New License)	
<input type="checkbox"/> Taking over existing food truck. (New Owner) Name of existing business: <hr/>		<input type="checkbox"/> Changing Equipment/ Remodeling Food Truck.	

5. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.			
Full Name: Last, First, Middle		Telephone	
Home Address		City	State Zip
Title		Date of Birth	Ownership %
Full Name: Last, First, Middle		Telephone	
Home Address		City	State Zip
Title		Date of Birth	Ownership %

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

6. Company operations

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? Yes No
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager
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Explain the scope of the remodeling or construction.

7. Workers compensation

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

8. Verification

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.
([Electronic Signature Terms and Conditions](#) is also available on the Business Licenses' website.)

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

Food Truck Supplement

1. Applicant information

Legal/Corporate Name of Business	Business Name/DBA		
Business/Mailing Address	City	State	Zip Code
Licensed Kitchen Address (Must be in Minneapolis)	City	State	Zip Code

2. Business information

Street Locations Only. No operations will occur at parking lot locations.

Is your proposed location:

On a bus lane? Yes No

On or within 200 feet or park board property? Yes No

On a street where a restaurant or sidewalk café with direct access to the sidewalk/street is adjacent to/or within 100 feet, and on the same block face of this location? Yes No

Both Street and Parking Lot Locations. List the locations below. This should not include information for community events.

Will food truck be stored in Minneapolis? No Yes, list address _____

Parking Lot Locations Only. Must be located at a brewery, distillery or Minneapolis Park. This should not include information for community events.

Tell us where and how you will operate your food truck, including the addresses-

3. Verification

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, an authorized owner or partner, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

Signature of Applicant _____ Title _____ Date _____



#3

**City of Minneapolis
Licenses and Consumer Services**
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080
www.minneapolismn.gov/businesslicenses

Data Privacy Advisory

Complete the information below and attach the following:

- A copy of your driver's license or state identification card
- Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for Release of Information

This Authorization for Release of Information will expire two years from the date you signed it.

Last Name

First Name

Middle Name

Also Known As: _____ Date of Birth: _____

Title: _____

- I have read and understand the above Data Privacy Advisory.
- I have read and agree to the [Terms and Conditions](#) for electronic signatures.

By typing your name, you are electronically signing this form.

Signature: _____ Date: _____

Health Plan Review Requirements for FORM #7

The following is a list of documents you will upload in ProjectDox.

1. A copy of the menu and/or list of food items for sale
2. A description of your food preparation, methods and processes
3. A list of equipment in the kitchen and cut sheets to support the menu preparation
4. Any equipment or floor plan changes for applicant use in the licensed kitchen
5. A copy of the standard operating procedures for cleaning and sanitizing the kitchen equipment and your vehicle
6. Your documented process of filling fresh water
7. Your documented process of dumping grey water
8. Vehicle Floor Plan: An 8.5" by 11", scaled diagram with the square footage as well as labels of the interior and outdoor areas. Your diagram must include the following:
 - a. Location of all equipment
 - b. Finish schedule of floor, coving, walls and ceiling
 - c. Manufacturer's specification sheets with the NSF approval
 - d. Water heater capacity
 - e. Fresh water capacity
 - f. Grey water capacity

Food Truck Vehicle Requirements

1. Vehicles must provide independent power supply which is screened from view. Generators are permitted. Indicate this in your specification and/or drawing.
2. The height of the food truck, including all accessory equipment, cannot exceed thirteen feet six inches (13' 6").
3. Vehicles may not have external signage, bollards, seating or any other equipment not contained within the vehicle. Signs must comply with [Zoning Code](#) requirements.
4. Vehicles may not maintain or use outside sound amplifying equipment, televisions or other similar visual entertainment devices, lights or noisemakers such as bells, horns or whistles.
5. Propane tanks must be attached to, or within, the food truck and the food truck must allow for adequate ventilation and screening of the tank.
6. The food truck shall meet all requirements needed to obtain licenses from the City of Minneapolis and the State of Minnesota.



#5

Food Truck Requirements

1. Licensed food trucks can operate curbside on approved streets
2. Licensed food trucks can operate at a brewery, distillery, or other private property with limitations.
3. Licensed food trucks must be removed daily when operation ends.
4. Private property parking lot locations need [written consent](#) from the owner. Business Licenses' staff must approve this. There may be up to three vendors in parking lots located outside of downtown.
5. Food Trucks cannot block drive aisles, impair the movement of pedestrians or vehicles, or pose a hazard to public safety. You must have a pedestrian walkway of no less than six (6) feet around the food truck. Ingress and egress must be through existing driveway openings only.
6. Food Trucks cannot park
 - a. next to a bus stop, taxi stand, or accessible transfer zone;
 - b. within thirty (30) feet of an intersection or within three (3) feet of a curb;
 - c. in front of a commercial entryway.
7. Food Trucks may not park within five hundred (500) feet of a civic event, or a regional sports arena, without written consent of the organization.
8. The site cannot be within
 - a. (10) ten feet of the intersection of the sidewalk;
 - b. (8) eight feet of the adjacent property line;
 - c. (10) ten feet of the extension of any building entrance or doorway, to the curb line; or
 - d. (10) ten feet of any access ramp or parking space designated as disabled.



Food Truck Letter of Consent

This letter hereby authorizes _____ to park a food truck next to my
(food truck owner)

restaurant private property park board property located at _____
(address of property)

Food Trucks must be removed daily when operations end.

Food Trucks may not operate more than 21 days annually at any one location.

This consent shall run concurrent with the license. If at any time the license expires or is revoked, this consent shall be void. The owner and operator of the food truck must follow all applicable sections of the Minneapolis Code of Ordinances (MCO) and State of Minnesota statutes. Failure to do so will cause the license for this location to be revoked.

I understand this consent may be revoked in writing with the revocation to become final on March 31st of the same calendar year. I understand that no money, either present or future, is part of this consent.

The food truck vendor agrees to hold harmless property owner park board for damage claims to property or injury claims to persons which may be caused by activity associated with the food truck license.

Name _____
(please print)

**Owner of property
or**
Signature _____

(owner or legal representative)

**Park Board
Representative**
Title _____

Telephone Number _____

Date _____

Food Truck Owner

Name _____
(please print)

Signature _____

Telephone Number _____

Date _____



Hold Harmless Statement

From:

Date:

Re: Mobile Food Vehicle Vendor Hold Harmless Statement

I, _____ shall hold harmless and indemnify the city, and applicable special service district, any of their officers and employees, for any claims for damage to property or injury to persons which may be caused by any activity carried on under the terms of the license.

Print Name

Signature

Date:

City of Minneapolis Requirements for Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

**Certificate cannot be pending,
binder or TBA.**

The Legal/Corporate name
must match exactly
(word for word) to the
Approved License Name
(including Inc. or LLC),
Trade Name (DBA),
and address of premises.

<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>										
PRODUCER Agency Address City, State, Zip					CONTACT NAME: PHONE: FAX (A/C, No. Ext): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :					
INSURED										
COVERAGES					CERTIFICATE NUMBER:			REVISION NUMBER:		
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>										
INSR LTR	TYPE OF INSURANCE		ADDL/SUBR INSR WVD	POLICY NUMBER	POLIC (MM/DD)	POLICY (MM/DD)	LIMITS			
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ EACH AUTO RENTED \$ EACH PERSON (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$			
GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC										
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED VEH Hired Autos <input type="checkbox"/>										
UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$										
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> Y/N OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below										
N/A <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:										
CERTIFICATE HOLDER					CANCELLATION					
Additional Insured: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					

City of Minneapolis as certificate holder and additional insured

**Original signature or
stamp of agent.**

Applications will be returned if requirements are not complete.



Food Business Plan Review Application

#7
Environmental Health
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-3000

This application must be completed and emailed to development@minneapolismn.gov. This application is required if you are:

- Starting or building a new food establishment or converting an existing space into a food establishment
- Expanding or remodeling an existing food establishment
- Adding or changing any equipment that requires gas, mechanical, or plumbing permits
- Adding or changing ventless cooking equipment or ventless hoods

Applicant information			
Legal/Corporate Name of Business	Business Name/DBA		
Mailing Address	City	State	Zip Code
Name of Applicant	Email Address	Cell Phone Number	
Business Address	City	State	Zip Code
Construction category – Check one			
<input type="checkbox"/> New business/construction, new food truck/cart <input type="checkbox"/> New or change of equipment requiring gas, mechanical or plumbing <input type="checkbox"/> New or change of ventless hood or ventless cooking equipment	<input type="checkbox"/> Remodel (New Owner, Same Business) <input type="checkbox"/> Remodel (Same Owner, Same Business) <input type="checkbox"/> Remodel (Different Business)		
License type - Check all that apply			
<input type="checkbox"/> Commissary or Community Kitchen <input type="checkbox"/> Farmers Markets <input type="checkbox"/> Food Carts (Indoor, Kiosk, Sidewalk, etc.) <input type="checkbox"/> Food Shelf	<input type="checkbox"/> Food Manufacturer (Bakery, Deli, Café, etc.) <input type="checkbox"/> Grocery, Confectionery or Liquor Store <input type="checkbox"/> Institutional Facility (Daycares, Schools, etc.) <input type="checkbox"/> Mobile Food Unit (Trailers, Trucks, etc.)	<input type="checkbox"/> Meat Market <input type="checkbox"/> Restaurant <input type="checkbox"/> Vending Machine(s) <input type="checkbox"/> Other: _____	
Description of project			
Describe your project here.			
Other information			
<input type="checkbox"/> Risk Level 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3 Use the risk level definitions to determine your risk level.	Total square footage of new construction/remodel area _____ Number of floors where food operations take place _____		
Project start date: _____	Projected completion date: _____		

I. Required documents

After we receive your application, we will send you a link to the [ProjectDox website](#) and a temporary password. You will need to upload the following required documents.

1. **Floor plan:** Detailed and scaled floor plan of your kitchen and facility or vehicle. Include the location of all equipment and finishes for walls, ceilings, floors and base coves.
2. **Equipment list** and specification sheets for all equipment which must be ANSI/NSF certified or equivalent.
3. **Menu** and/or list of food items you plan to serve or sell. You may need a [HACCP](#) food safety plan, based on your menu.

II. Application Fee

There is a [fee](#) associated with this plan review application. We will call you with the amount of your fee, and to securely collect your payment over the phone. Please do not add your credit card information to this application. The fee is based on:

- Square footage of your new or remodeled space, and
- The risk category defined in the fee link.

If you have any questions about this application or the required documents, please call us at 612-673-3000. You can also email us at development@minneapolismn.gov or healthreview@minneapolismn.gov. Please refer to our [Food Establishment Construction Guide](#) for more details of our requirements for food establishments.