Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

For Office Use Only
Expiration: April 1
AP: Food/FoodTrk
MCO: 188
Adm Issuance: Yes

License Application: Food Truck

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 it must be contained 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 application (form #9) 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 can't approve your license until it is completed.***

2. 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.

3. ☐ **Application:** (form #1) Complete 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.

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 #2) Attach the completed form.

6. ☐ **Site Plan:** (form #3) Attach plans of proposed private property location. Plans that do not meet the requirements will be returned.
   ☐ None. I operate at street locations only.

7. **Background information:**
   ☐ **Data Privacy Advisory:** (form #4) This is required for the applicant and each owner and/or partner.
   ☐ **Driver's license:** Copy of valid license or government issued ID for each person.
   ☐ **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.
   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.

8. ☐ **Menu:** Attach a copy of the menu and/or list of food items for sale.

9. ☐ **Diagram:** (form #5) Attach a diagram of your truck, using the Food Truck Vehicle Requirements**.**

10. **Consent Letter:** (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 owner of the restaurant.
   ☐ None of these apply.
   Note: Keep a copy of this consent letter 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:** (form #8) Must be submitted after approval of your Site Plan and Vehicle Plan. This is required before the license is issued. 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.

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Business license application

3. Applicant information

Legal company name	**Business name/DBA**			
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On site manager			
Business address	**Suite**	**City**	**State**	**Zip code**
Mailing address (if different than business address)	**City**		**State**	**Zip Code**
E-mail address	**Cell phone number**		**Business telephone number**	
Minnesota sales tax ID number (Required)	**Social Security number or ITIN (Required)**			
Type of ownership: ☐ Corporation ☐ LLC ☐ Sole proprietor ☐ Partnership ☐ Non-profit	**Date of incorporation**		**State of incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed starting date:**			

4. Business information

☐ **Starting a new business in a new food truck.**

☐ **Taking over an existing food truck.**
Name of food truck:
_____

☐ **Adding a new license to an existing business.**
Name of business:
_____

☐ **Changing equipment or remodeling the truck.**

Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	**Name of contractor or building manager**
Explain the type of remodeling or construction.	

5. Owners

List all owners and partners, ownership must add up to 100%. Attach more sheets if needed.

Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	

Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	
Full name: Last, First, Middle		**Telephone**	
Home Address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	
Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip code**
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, list the date of denial/revocation, city and state, and reason for denial or revocation.

7. Workers compensation

Workers' compensation company	**Policy number**	**Dates of coverage**

------Or------

I certify that I am not required to carry workers compensation insurance because

☐ **I am the only worker, 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.**

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 City of Minneapolis. 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. 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	Business name/DBA			
Business mailing address	**Suite**	**City**	**State**	**Zip code**
Licensed kitchen address (must be in Minneapolis)	**Suite**	**City**	**State**	**Zip code**

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

2. Food truck location

☐ **Street locations only.** No food truck operations in parking lots.

Is your proposed street location:

☐ **On a bus lane?** ☐ **No** ☐ **Yes**

☐ **On or within 200 feet of park board property?** ☐ **No** ☐ **Yes**

☐ **On a street location and the same block, within 100 feet of a restaurant or sidewalk café.** ☐ **No** ☐ **Yes**

☐ **Both street and parking lot locations.** List the locations below. This should not include information for community events.

☐ **Parking lot locations only.** List the locations below. This should not include information for community events.

List how and where you will operate your food truck, including all 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 City of Minneapolis. I understand that false information may result in the denial, suspension or revocation of my business license.

Signature of applicant _____ Title _____ Date _____

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Food Truck parking requirements

This is not required for street location.

1. Licensed food trucks can operate curbside on approved streets.
2. Licensed food trucks must be removed daily when operation ends.
3. Food trucks are only allowed on a parking lot at a brewery, distillery, or a park.
4. Private property parking lot locations need written consent from the owner and Licensing Inspector must approve this.
    a. There may be up to three vendors in parking lots located outside of downtown.
5. Food Trucks can't block driveways, impair the movement of pedestrians or vehicles, or pose a hazard to public safety. You must have a pedestrian walkway of no less than 6 feet around the food truck. Other cars must enter and exit through existing driveway openings only.
6. Food Trucks can't park-
    a. next to a bus stop, taxi stand, or accessible transfer zone
    b. within 30 feet of an intersection or within 3 feet of a curb
    c. in front of a commercial entryway.
7. Food Trucks can't park within five hundred (500) feet of a city event, or a regional sports arena, without written consent of the organization.
8. The site cannot be within
    a. 10 feet from the intersection of the sidewalk
    b. 8 feet of the adjacent property line
    c. 10 feet of the extension of any building entrance or doorway, to the curb line
    d. 10 feet of any access ramp or parking space designated as accessible
    e. 100 feet of a restaurant or sidewalk café

Parking lot site plan requirements

1. A site plan drawing showing the food truck location in relation to fixed elements on the site. This should be submitted on 8 ½ x 11 paper. Include DBA, licensed kitchen address/location, and name and telephone number of contact person.
2. Label street names and the location where you plan to park the food truck.
3. Provide a description of how the vehicle will access the site.
4. Include measurements of the distance from the site to:
    a. sidewalk intersection
    b. adjacent property line
    c. building entrance
    d. parking lot entrance and exit
    e. accessible parking spot

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Minneapolis, MN 55415
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Data Privacy Advisory

Complete the information below and attach the following for each owner, officer, partner:

☐ A copy of your valid driver's license or government issued photo ID.
☐ 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.

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

_____

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

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.

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Food Truck Consent Letter

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.

Owner of property or Park Board representative

Name _____
(please print)

Signature _____
(owner or legal representative)

Title _____

Telephone number _____

Date _____

Food truck owner

Name _____
(please print)

Signature _____

Telephone number _____

Date _____

Minneapolis
Community Planning and Economic Development

Hold harmless statement

I _____ will hold harmless and indemnify the
(print your name)
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.

Business name _____

Full name _____
(Print your name

Signature _____

Date _____

City of Minneapolis
Requirements for Insurance Certificate

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.

Dates must match license period exactly or must state: "continuous until canceled".

City of Minneapolis as certificate holder and additional insured

Original signature or stamp of agent.

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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.

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).

PRODUCER	CONTACT NAME:	
Agency	PHONE (A/C, No, Ext):	FAX (A/C, No):
Address	E-MAIL ADDRESS:	
City, State, Zip	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

Sample

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:

Liquor Liability is continuous until canceled.

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

Applications will be returned if requirements are not complete.

Minneapolis Health

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

Food Business Plan Review Application

Complete and email this application to development@minneapolismn.gov. This application is required if you are:

- Starting or building a new food business or converting an existing space into a food business
- Expanding or remodeling an existing food business
- 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		
Jobsite address including suite or licensed kitchen address for mobile food unit	City	State	Zip code
Applicant name	Email	Cell number	
Applicant's mailing address	City	State	Zip code
Email of person who will upload documents			

Construction category – Must check one	
☐ New business/construction, new food truck/cart	☐ Remodel (new owner, same business)
☐ New or change of equipment requiring gas, mechanical or plumbing	☐ Remodel (same owner, same business)
☐ New or change of ventless hood or ventless cooking equipment	☐ Remodel (different business)

License type - Check all that apply		
☐ Commissary or community kitchen	☐ Food manufacturer (bakery, deli, café, etc.)	☐ Meat market
☐ Farmers markets	☐ Grocery, confectionery or liquor store	☐ Restaurant
☐ Food carts (indoor, kiosk, sidewalk, etc.)	☐ Institutional facility (daycares, schools, etc.)	☐ Vending machine(s)
☐ Food shelf	☐ Mobile food unit (trailers, trucks, etc.)	☐ Other _____

Project description – Include floor number, kitchen number, and/or suite number
Describe your project here.

Other information	
☐ Risk Level 1 ☐ Risk Level 2 ☐ 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. Equipment 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 application. When the review is complete, we will send a Pro ect Dox fee notification with the amount due. Please do not add your credit card information to this application. Your fee is based on:

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

If you have 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 businesses.