



# Mobile Food Unit License Application

**Applicant must deliver or send completed application to City Hall.** The application will be reviewed by the City Clerk. 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	Fees	Certificate of Insurance by an insurance company authorized to do business in Minnesota
Completed and signed MN Dept of Revenue SPC-1 Form	Copy of valid driver's license or valid government-issued photo ID	Written agreement(s) from owners of property where sales will be conducted
Completed and signed Certificate of Compliance MN Worker's Compensation Law form	Proof of Minnesota Department of Health license	

## 1. Type of License

Annual (up to 6 days April 1–October 31)

Temporary (up to 2 events April 1–October 31)

## 2. Applicant (Owner) Information

Legal Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Is this your permanent address? Yes No

If no, please provide your permanent address.

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 3. Business Information

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies, DBA, etc.*).



### 4. Employee Information

**Primary Mobile Unit Food Operator** (if different from applicant/owner)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

For contact purposes, please provide names of mobile food unit employees:

### 5. Description of Mobile Food Unit

Describe the items to be sold.

#### Mobile Food Unit Vehicle Information

License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

### 5. Commissary

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

Commissary Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

### 6. Location of Sales

**If seasonal application**, please list the six dates and locations of sales (if known). Written agreements from all property owners must be submitted with the application.

1. Location \_\_\_\_\_ Date \_\_\_\_\_

2. Location \_\_\_\_\_ Date \_\_\_\_\_

3. Location \_\_\_\_\_ Date \_\_\_\_\_

4. Location \_\_\_\_\_ Date \_\_\_\_\_



5. Location \_\_\_\_\_ Date \_\_\_\_\_

6. Location \_\_\_\_\_ Date \_\_\_\_\_

**If temporary sales**, please list the two dates and/or events (if known). A written agreement from the property owner(s) must be submitted with the application.

1. Location \_\_\_\_\_ Date \_\_\_\_\_

2. Location \_\_\_\_\_ Date \_\_\_\_\_

.....  
**Indemnification Agreement and Insurance Information**

The applicant hereby agrees to save, defend, hold harmless, and indemnify the City of Hopkins and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, and costs, including attorneys' fees, charges, liability, or other exposures, however caused, resulting from, arising out of, or in any way related to the applicant's event as herein described and applicant's use of City property and/or right-of-way. Nothing herein shall have any effect on the City's right to assert any liability defense in accordance with Minnesota Statutes, Chapter 466.

The City, in its sole discretion, may require the Applicant to obtain liability insurance coverage(s) for any event. If the City notifies the Applicant in writing that liability insurance is required, the Applicant must provide proof of the appropriate liability insurance(s) in the amount(s) provided herein.

The Applicant must provide the City with a Certificate of Insurance showing proof of the required liability insurance(s). The City must be listed as an additional insured on all liability policies. Applicant's insurance shall act as the primary insurance coverage for any claims of loss covered by the insurance policy.

The City, in its sole discretion, may require an Applicant to obtain any or all of the following insurance coverage, in at least the coverage amounts contained herein:

- 1. Commercial general liability insurance or equivalent special event coverage protecting Applicant and City from claims for damages or bodily injury and property damage which may arise out of or in connection with the event's operation and use of the City's property or right-of-way. This general liability insurance policy shall be in an amount not less than \$1,000,000.00 per occurrence.
- 2. If Applicant will be using an automobile for any portion of the Applicant's event, Applicant must obtain automobile liability insurance in an amount not less than \$1,000,000.00 per occurrence. Such policy must include liability coverage for owned, non-owned, and hired automobiles.
- 3. If alcohol will be served or included in Applicant's event, Applicant must obtain liquor liability (also known as dram shop) insurance in an amount not less than \$1,000,000.00 per occurrence.

The City reserves the right to modify these insurance requirements at its sole discretion based on the nature and scope of Applicant's proposed event.

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**Applicant's Signature**

*I agree to operate such business in accordance with the law of Minnesota and the policies and ordinances established in the City of Hopkins. The foregoing statements are true and correct to the best of my knowledge and belief.*

**X Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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

## PROPERTY OWNER AGREEMENT

Name of Mobile Food Unit \_\_\_\_\_

Dear property owner,

The above-mentioned mobile food unit has requested to locate on your property. 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 Hopkins Mobile Food Unit Policy, mobile food units:

must be licensed with the City and the Minnesota Department of Health. As part of the City license, mobile food unit owners must have the permission of 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 within designated areas of City parks with a park permit.

cannot locate in a park where concession sales are already occurring.

may not park within 100 feet of an existing restaurant or bar that serves food.

may not park overnight.

can only operate between the hours of 7 am and 11 pm April 1 through October 31.

cannot dispose of water on the street or parking lot.

If you have any questions about the City of Hopkins' policy, please contact the City Clerk's office at 952-548-6304. 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 will be located/parked) \_\_\_\_\_

Property Address \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates at this location \_\_\_\_\_ to \_\_\_\_\_

### Agreement

I agree to allow \_\_\_\_\_ to locate at \_\_\_\_\_  
*(name of mobile food unit)* *(address)*

for a length of time from \_\_\_\_\_ to \_\_\_\_\_  
*(start date)* *(end date)*

**X Property Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Written name* \_\_\_\_\_



## 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 \_\_\_\_\_

# Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**PRINT IN INK or TYPE**

Minnesota Statutes §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 Minnesota Statutes Chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

**Number 1 – Workers' compensation insurance policy information**

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

**Number 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:  
  
\_\_\_\_\_

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

**Print name**

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.