

MOBILE FOOD UNIT (MFU) LICENSE APPLICATION

I. APPLICANT INFORMATION

Business Name: _____
 Applicant's Legal Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Is this your permanent address? ☐ Yes ☐ No no, please provide permanent address:
 Permanent Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Cell Phone: _____
 Email: _____

II. FOOD AND LOCATION

Describe the food that will be sold:

Are you licensed by the MN Health Department? ☐ Yes ☐ No Please provide copy of license.

Are you licensed in Hennepin County? ☐ Yes ☐ No Please provide copy of license.

List the address and describe location(s) where food will be sold:

The applicant has my permission to sell on my property:

_____	_____	_____
Property Owner Printed Name	Property Owner Signature	Date

Please provide site plan to demonstrate that you are at least 30 feet from any intersection or sight line.

Vehicle description:

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

III. HOURS AND DURATION OF SALES

Mobile food unit operations shall be prohibited between the hours of 11:00 p.m. and 7:00 a.m.

List the dates you will be selling:



IV. PREVIOUS LICENSES HELD

Please list the last municipalities, including state and dates worked, where you have conducted this business:

1. _____
2. _____
3. _____

V. APPLICANT OATH

I hereby state:

- The answers and statements given by me are true and accurate to the best of my knowledge and belief.
- I understand that providing false information in this application may result in denial of a license.

Signature of Applicant

Date

.....

Office Use Only

Annual Fee \$200 _____ One Time Fee \$25 _____ Date Collected _____ Check Number _____

Zoning Administrators Signature

Date Approved

.....

DEFINITIONS:

MOBILE FOOD UNIT: A food and beverage service establishment that is a vehicle mounted unit, such as:

- (1) Motorized or trailered, operating no more than twenty-one (21) days annually at any one place, or operating more than twenty-one (21) days annually at any one place with the approval of the regulatory authority as defined in Minnesota Rules, part 4626.0020, subpart 70; and a self-contained unit, in which food is stored, cooked, and prepared for direct sale to the consumer.
- (2) Operated in conjunction with a permanent business licensed under Chapter 157 or Chapter 128A of the Minnesota State Statutes at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location; and a self-contained unit, in which food is stored, cooked, and prepared for direct sale to the consumer.

MOBILE FOOD UNIT (MFU) REGULATIONS

Mobile food units (MFUs) are required to meet the additional following standards:

1. In accordance to Minnesota Statutes, section 157.15, subdivision 9; mobile food units may not operate at any one place for more than twenty-one (21) days during any calendar year except with the approval of the regulatory authority as defined in Minnesota Rules 4626.020, subpart 70.
2. All applicable license fees shall be obtained.
3. Mobile foods units shall operate in strict compliance with the laws, rules, and regulation of the United States, State of Minnesota, Hennepin County, and the City of Greenfield.
4. Mobile food units shall not generate unreasonable noise, light, exhaust, or refuse; or disrupt public traffic or safety in any way.
5. Mobile food units shall have general heating and provide for safety of employees working in the unit.
6. Propane or others flammable fuel must be MnDOT certified, secured, and safe for transportation.
7. Mobile food units must dispose of its gray water daily. Gray water may not be discharged onto the ground or into storm drains.
8. Operators must clean within 25 feet of their unit at the end of each day and units must be kept in good repair and have a neat appearance.
9. Operators shall provide and maintain at least one clearly designated waste container for customer use per each mobile food cart or mobile food vehicle.
10. Operator is responsible for daily removal of trash, litter, recycling, and refuse. Public trash cans shall not be used to dispose of water generated by the operation. The operator shall provide a garbage receptacle with a tight fitting lid. The receptacle shall be easily accessible for customer use.
11. Mobile food units must provide an independent power supply that complies with City's noise and air regulations. Mobile food units should also have an electrical hookup to reduce noise and exhaust.
12. Mobile food units must operate so noise levels do not exceed 55 decibels at the closest property line.
13. Mobile food units may not operate between 11 p.m. and 7a.m., except for special events or on the property of a business or construction site that is open/running during that time window, with the owner/manager permission.
14. Lights should be shielded to prevent glare and light trespass.



15. Proof of Department of Health licensing must be provided and posted on unit.
16. An out service mobile food unit stored within the city must comply with all applicable zoning ordinance requirements.
17. Mobil food units may operate on streets closed to all non-emergency vehicles.
18. With owner/manager permission, mobile food units may stay longer than the posted parking time limit at a parking lot/space (if applicable).
19. Mobile food units (and the lines to them) may not park on a freeway or highway or within 30 feet of an intersection or sight line distance as required by city staff.



City of Greenfield
7738 Commerce Circle
Greenfield, MN 55373
763.477.6464
www.ci.greenfield.mn.us

TENNESSEN WARNING

In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City.
2. You are not legally obligated to supply the requested information and may refuse to provide some or all of the requested information.
3. The known consequence of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequence of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Some of the information you provide will be released to the Minnesota Department of Revenue. Other governmental agencies necessary to process your application are authorized by law to receive the information provided. The City may also release the information provided if required by Court order, or if authorized by other state or federal law.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and is in agreement of the Tennessee Warning and its application.

Signature of Applicant

Date



BUSINESS TAX IDENTIFICATION INFORMATION (FORM SP:CI)

Pursuant to Minnesota Statute 270C.72, the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest; and
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service; and
- Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

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

Licensing Authority: City of Greenfield

VI. LICENSE INFORMATION

Name of license being applied for: _____
License application or renewal date: _____

VII. PERSONAL INFORMATION

Applicant's Name (Last, first, middle initial): _____
Applicant's Address: _____
Social Security Number: _____

VIII. BUSINESS INFORMATION

Business Name: _____
Business Address: _____
Minnesota Tax Identification Number: _____
Federal Tax Identification Number: _____

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, 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 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 NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO 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 NO.

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, contact 651.284.5032 or 1-800-342-5354.

- ☐ I have no employees. (See Minn. Stat. § 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 Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- ☐ Other: _____

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.

PRINT NAME

APPLICANT SIGNATURE (required)

TITLE

DATE