

## Mobile Food Unit and Food Cart License Application

**Send completed application to:** [RamseyCEH@ramseycounty.us](mailto:RamseyCEH@ramseycounty.us) or mail to the address above.

### Instructions

1. If you're licensed as a Retail Mobile Food Handler by the Minnesota Department of Agriculture, an additional license from Ramsey County is not required.
2. Check with the city in which you intend to operate. Some city zoning regulations prohibit mobile food service in certain areas, and some cities require peddler's permits or other mobile sales credentials.
3. Provide a list of events, including dates, below. If you are uncertain of which events you will be operating, please call 651-266-1199 to update us with the information prior to operating.
4. This application must be received at least 48 hours (2 business days) prior to your first event to avoid a late fee of 25% of the license fee.
5. Each truck will be issued a separate license. You can list multiple trucks on one application.
6. Temporary handwashing and utensil washing setups are not permitted under this license. Onboard water sources (sinks and storage tanks) are required.

### Required Additional Documentation

Please attach the following required information:

- Plan review approval letter or current license from agency who approved your plans. If you do not have this documentation, you may be required to submit additional fees and complete an in-person consultation.
- A commissary kitchen may be required depending on your menu and equipment. If you are using a commissary kitchen and you are not the license holder of that kitchen, attach documentation from the licensee of the kitchen that states they are aware and have given you approval to use their kitchen. Also, attach a copy of the kitchen's food license.

### Mobile Food Unit Information

Business Name (Doing-Business-As/Assumed Name/Name on Truck):	
Date plan review completed:	
Name of agency that approved plan review:	
Total number of trucks (or carts):	License plate number(s) (write "N/A" for food carts):

## Correspondence

### Legal Entity/Licensee Contact

Legal Entity Name (use owner’s name if sole proprietorship):		Type of Legal Entity (e.g., sole proprietor, LLC, LP, INC):		
Licensee Care-of Person Name:	Title:	Phone:	Email:	
Mailing Address:		City:	State:	ZIP:

### Billing Contact

Legal Entity Name (write “N/A” if same as legal owner):		Type of Legal Entity (write “N/A” if same as legal owner):		
Billing Care-of Person Name:	Title:	Phone:	Email:	
Billing Address:		City:	State:	ZIP:

### Emergency Contact

Name:	Title:	Phone:	Email:
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### Commissary Kitchen/Support Facilities Information

Name of Kitchen:				
Address:		City:	State:	ZIP:
Licensing agency:				
Copy of license included: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Documentation included from commissary kitchen stating their approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Menu Information

Description of food/beverages to be served (may attach menu instead):

Planned and tentative dates and locations of next ten events

Date	Time	Event name and address	License plate(s) of truck(s)

INSPECTOR USE ONLY				
Date received:		License type fee code(s):		
Type of license: <input type="checkbox"/> Mobile food unit <input type="checkbox"/> Food cart		Risk category: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Certified food protection manager certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required				
Fee adjustments: <input type="checkbox"/> Late fee <input type="checkbox"/> Food waste diversion discount			State Delegation: <input type="checkbox"/> MDH <input type="checkbox"/> MDA	
Reviewing inspector:		Date:	License delivery: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> By Area Inspector	
Comments:				
ADMIN USE ONLY				
Date received:	Invoice amount:	DHD license #:	Fee statement #:	Entered by:

## Certificate of Compliance

### Minnesota Department of Revenue Information

Minnesota law (MS §270C.72 s 4 Licensing Authority: duties) states *“All licensing authorities must require the applicant to provide the applicant’s Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, and Social Security number or individual taxpayer identification number and business identification number, as applicable, of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.”*

**Enter Minnesota Business ID Number (also called Minnesota Tax ID Number) OR enter tax-exempt number:**

\_\_\_\_\_ - \_\_\_\_\_

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 or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- The licensing agency (Ramsey County) will supply this information only to the Minnesota Department of Revenue (Commissioner). However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

### Federal Employer Identification Number

A federal employer ID number is required for the Ramsey County Finance Department’s records. Alternatively, you can provide the business owner’s social security number. Call 651-266-1199 to provide SSN securely by phone.

**Enter federal employer ID number:** \_\_\_\_\_ - \_\_\_\_\_

### Workers’ Compensation Insurance Coverage Law

Minnesota Statute 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 Section 176.181 s 2. The information required is: name of insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 176.181 s 2. If this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Workers’ Compensation Insurance Company Name	Policy Number	Coverage Dates From: _____ To: _____
<p><b>OR, I certify that I am not required to carry workers’ compensation insurance because (check one):</b></p> <p><input type="checkbox"/> I am the sole proprietor and have no employees.</p> <p><input type="checkbox"/> I am self-insured (you must include a copy of the permit to self-insure).</p> <p><input type="checkbox"/> I have no employees who are covered by workers’ compensation law.                      (Exempt employees include: spouse, parents, and children—all other employees must be covered).</p>		

### Certification

*I certify under penalty of the law I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I hereby apply for a Ramsey County License subject to all relevant conditions and provisions of the Ramsey County Administrative Ordinance and the Ramsey County Food Protection, Lodging, Manufactured Home Parks & Recreational Camping Areas, Public Swimming Pool, Youth Camp, Hazardous Waste Management or Solid Waste Ordinance as applicable.*

Name:	Title:
Signature:	Date: