



Email: PublicHealth@minnetonkamn.gov
Phone: 952-939-8280
Licensing Email: fgolden@minnetonkamn.gov
Licensing Phone: 952-939-8274

Environmental Health Department

Enclosed is the Food Truck License application. Attached are the following documents that need to be returned prior to issuing your food license:

- Application for Food License
- Proof of current electrical inspection – [Required by MN Dept. of Labor & Industry](#)
 - An electrical inspection can be conducted by the Minnetonka Building Division. To schedule an inspection, please visit our [electrical permit page](#) or call 952-939-8394
- Minnesota Business Tax Identification form
- Workers' Compensation Insurance form

The city will require an initial inspection of the food truck and will only require re-inspections if necessary. If a re-inspection is required, an additional fee will apply.

Food trucks are allowed within the city if the property owner grants written permission to be on-site. A signed consent form must be kept in the food truck on the day of the event.

If you will be operating a newly built truck, please read the attached Supplemental Information.

Type of License	Fee
Class B —Mobile food vendor, limited food vendor, mobile food car, or similar facility (see attached requirements including supplemental information and consent form)	\$250
Plan Reviews:	
New Establishment	Fee: 100% of license fee
Remodel	Fee: 50% of license fee
Hazard Analysis Critical Control Plan (HACCP) \$150	
Re-inspections:	
Second re-inspection	Fee: 25% of license fee
Third or more re-inspection	Fee: 50% of license fee

Please send your application and fee to:

City of Minnetonka
 Community Development – Licensing
 14600 Minnetonka Blvd
 Minnetonka, MN 55345

Questions: Fiona Golden, (952) 939-8274 or fgolden@minnetonkamn.gov



COMMUNITY DEVELOPMENT-LIC
 14600 MINNETONKA BLVD
 MINNETONKA, MN 55345
 (952) 939-8274
 Fax (952) 939-8244

Application for Food Truck License for _____

(insert year)

Please enter a response on every line. Any incorrect information or an incomplete application is a violation of the City Ordinance and can result in denial of licensing and/or prosecution.

ESTABLISHMENT			
Establishment/trade name			
Establishment address			
City, State, Zip			
Establishment phone number		Email address	
Manager or agent of owner			
LICENSEE INFORMATION			
State Law: this must be a corporation or partnership name, or the individual's name that carries the tax liability.			
Licensee name			
Primary Officer			
Licensee address			
City, State, Zip			
Telephone Number			
Return license and send all notices & billing renewals to (all must be sent to the same address)			
Company Name			
Attention			
Address			
Telephone Number		Email address	
CLASS & FEE INFORMATION			
(use only the same Class name and fee as on the Food Fee Schedule):			
Type of business: Class		\$	
Additional business: Class		\$	
Additional business: Class		\$	
Additional business: Class		\$	
Additional business: Class		\$	
Total		\$	

Note: Proper signature required: if a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, one of the partners; if an individual, the owner.

I, (WE) THE UNDERSIGNED, HAVE COMPLIED WITH ALL REQUIREMENTS OF THE CITY CODE OF THE CITY OF MINNETONKA NECESSARY FOR OBTAINING THIS LICENSE. NOW, THEREFORE, I (WE) HEREBY MAKE APPLICATION TO OPERATE THE ABOVE NAMED ESTABLISHMENT SUBJECT TO ALL CONDITIONS AND PROVISIONS OF THESE ORDINANCES.

Signature _____ Date _____ Print name: _____
 Print title: _____

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd.4, **the licensing authority is required to provide, upon request of the Minnesota Commissioner of Revenue, either the applicant's Minnesota business tax identification number with the business name and address – or the social security number of the primary officer, along with their complete name, home address, and home phone number.**

Under the Minnesota Government Data Practices Act and the 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 or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

NAME UNDER WHICH THE MN TAX ID IS FILED (licensee name)			Type of license applying for:		
			Food Truck		
Licensee: Address	L City	L State	L Zip	L Phone	
Establishment: Name			Minnetonka License Number (completed by Minnetonka)		
Establishment: Address	E City	E State	E Zip	E Phone	
Minnesota Tax Identification Number		Federal Tax Identification Number			

Signature: _____ **Date:** _____

INSTRUCTIONS FOR BOXES BELOW:

1. **If all boxes above are completed**, including both the Minnesota and Federal Tax numbers, no additional information is required by the MN Department of Revenue below.
2. **However, if all boxes above are not completed**, Minnesota law requires personal information about the primary owner or primary officer. In this case you must complete all boxes below, including the owner or primary officer's social security number, home address, and home phone. (NOTE: If the business and home address are the same, please check the box indicating this.)

Applicant's (person's) name (LAST, first, middle initial)		Social Security Number	
Home address	Home City, State, Zip code	Home Phone number	
<input type="checkbox"/> Check if address is for both home & business			

Signature: _____ **Date:** _____

Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
	Completed by Minnetonka

DBA (doing business as name – local establishment name – only if different than above)

DBA/LOCAL BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.
You must complete number 1, 2 or 3 below.**

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF YOU ARE SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF YOU ARE EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

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: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.