



Community Development – Licensing
14600 Minnetonka Blvd.
Minnetonka, MN 55345
Phone: (952) 939-8274
Fax: (952) 939-8244
Email: fgolden@minnetonkamn.gov

To: Applicant for Food Vending Machine License

From: Fiona Golden, Licensing Coordinator

Attached are the license application forms for a food vending machine located in Minnetonka. The yearly fee is \$25 per machine, and there is no pro-rating for partial year.

Please complete the following attached forms and return to the above address:

1. Minnetonka Application form
2. Minnesota Business Tax Identification form
3. Workers' Compensation Insurance form
4. Proof of General Liability Insurance: Bodily Injury \$500,000 each claim, 500,000 each occurrence; Property Damage \$100,000.
5. License Fee. Make checks payable to the City of Minnetonka.

The food vending machine license fee is listed below:

Food Vending Machine	\$25.00 per machine
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The licensing year is January 1 through December 31, and the licensing fee may not be pro-rated.

If you have any questions or need my assistance, please call or contact me (see top of page).



COMMUNITY DEVELOPMENT - LICENSING
14600 MINNETONKA BLVD
MINNETONKA, MN 55345

FOOD VENDING MACHINES LICENSE Application Form

Phone: (952) 939-8274
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Email: fgolden@minnetonkamn.gov

FOR OFFICE USE ONLY

LICENSE NOS. _____

LICENSE PERIOD:

January 1, 20____ through December 31, 20____

When signed by Director, this application becomes your LICENSE.

Approved by: _____

COMPANY INFORMATION

Vendor Name (corporation)	
Owner/Officer Name	
Corporate/Owner Street Address	
Corporate/Owner City, State. Zip:	
Phone Number	
Billing Contact Person	
Billing Address – if different from above	
Local Contact and Phone, if owner is not local	
Machines are installed at the following locations as of what date?	

	BUSINESS NAME	BUSINESS ADDRESS	# of MACHINES	Lic. #
1				
2				
3				
4				
5				

Fee is \$25.00 per machine

Total number of machines from additional page	
TOTAL FEE OF ALL MACHNES	

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

Authorized Signature _____	Print Name _____
Date of application _____	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 (<u>licensee</u> name)			Type of license applying for:		
			FOOD VENDING		
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

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 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)
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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.