

License Application: Sidewalk Food Cart

Definition: A non-motorized cart selling pre-packaged or ready to eat foods. Carts may operate on public sidewalks in select areas and locations but must be pre-approved prior to operating.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There is a **fee**, plus a new license processing charge, for this application. You can pay by
 - Cash:** Do not mail cash, drop off in person.
 - Check:** Make checks payable to- Minneapolis Finance Department
 - Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. **Certified Food Protection Manager:** The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening.
 - Attach a copy of your Minnesota Department of Health certificate.
 - I currently do not have a Certified Food Protection Manager.
4. **Background Check:**
 - Attach a [Data Privacy Advisory](#) (Form #1): This is required for the applicant and each owner and/or partner. Include a copy of your driver's license and background report. This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#). No one can have a conviction in the last five (5) years **related to** operating a food business. This also can include food subsidy program or controlled substances violation.
5. **Menu:** Attach a copy of the menu and/or list of food items for sale.
6. **Cart Plan:** Email a [Food Plan Review Form](#) to development@minneapolismn.gov. There is a **fee** for this review. See a list of [cart requirements](#) (Form #2) on our website. **This is a separate review, and we cannot approve your license until it is completed.** If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
7. **Site Plan:** Attach a diagram of your proposed location. This must conform to the [Sidewalk Food Cart Site Plan Requirements](#) (Form #3).
8. **Letter of Consent** (Form #4)
 - Submit signed Consent Form.
 - N/A.
9. **Certificate of Liability Insurance** (Form #5)
This must be submitted after approval of your Site Plan and Cart Plan. This must be furnished by your insurance agent. You are required to have general liability that includes \$100,000 per individual and \$300,000 per single incident and \$10,000 for property damage. The City of Minneapolis shall be named as an additional insured.

2. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Food Cart Manager		
Kitchen Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number (Required)	Social Security Number or Individual Tax ID (ITIN) (Required)		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit			
		Date of Incorporation	State of Incorporation
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Starting Date:		

3. Business information

<input type="checkbox"/> Starting a new food cart business. (New Business)	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing food cart: _____	

4. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone		
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

5. Company operations

Locations of Food Cart (up to 3 per cart)	Days and hours of operation at locations
1.	
2.	
3.	

Give us a description of the food and drinks you will be selling from your cart

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? Yes No
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

6. Workers compensation

Workers' Compensation Company	Policy	Dates of Coverage

-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor, and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

8. Additional information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. You must notify the City of any changes to your menu or food cart.
4. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.



**City of Minneapolis
Licenses and Consumer Services**

505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

www.minneapolismn.gov/businesslicenses

Data Privacy Advisory

Complete the information below and attach the following:

- A copy of your driver’s license or state identification card
- Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for Release of Information

This Authorization for Release of Information will expire two years from the date you signed it.

Last Name	First Name	Middle Name
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Also Known As: _____ Date of Birth: _____

Title: _____

- I have read and understand the above Data Privacy Advisory.
 - I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: _____ Date: _____

Some Highlights of Sidewalk Food Cart Requirements

1. Propane is the standard and permitted method of providing a heating and cooling source for your sidewalk food cart.
2. The dimensions of the cart cannot exceed eight (8) feet in height, eight (8) feet in length, and four (4) feet in width. Carts may be equipped with an umbrella or awning which may overhang by a minimum of 12 inches in any direction.
3. Carts must be capable of being moved by one person.
4. Carts can only operate between 6:00 a.m. to 12:00 a.m. but if you are located 300 feet from a residence, it's 7:00 a.m. to 11:00 p.m.
5. Every license holder shall maintain a permanent location within the City of Minneapolis for storage, preparation, cleaning and servicing. The permanent location must be a licensed food facility. The sidewalk food cart must return to the permanent location at least once daily for cleaning.
6. The following is a general list of approved foods allowed to be sold by sidewalk food cart vendors. All food and beverage items must be approved prior to selling.
 - a) Pre-wrapped or packaged non-hazardous foods: (popcorn, candy, canned/bottled beverages, cookies, tortilla chips, packaged ice cream)
 - b) Precooked ready to eat sausages, wieners, polish sausages, cooked bratwurst, frankfurters
 - c) Hot holding of precooked food produced at a Licensed Food Service Establishment
 - d) Hand dipped ice cream
 - e) Hot/cold beverages (coffee, tea, soda, water)
 - f) Other foods may be approved by the Minneapolis Health Department. Contact your Minneapolis Health Inspector at 311 or 612-673-3000.
7. The sidewalk food cart shall meet all requirements needed to obtain permits from the City of Minneapolis and the State of Minnesota.
8. Licenses are not transferable to any other cart or location.
9. Each licensed food cart may operate up to (3) locations.
10. No location currently approved and in use, will be available for selection or approval.
11. For additional information, see the Minneapolis Code of Ordinances, [Chapter 188.510](#).

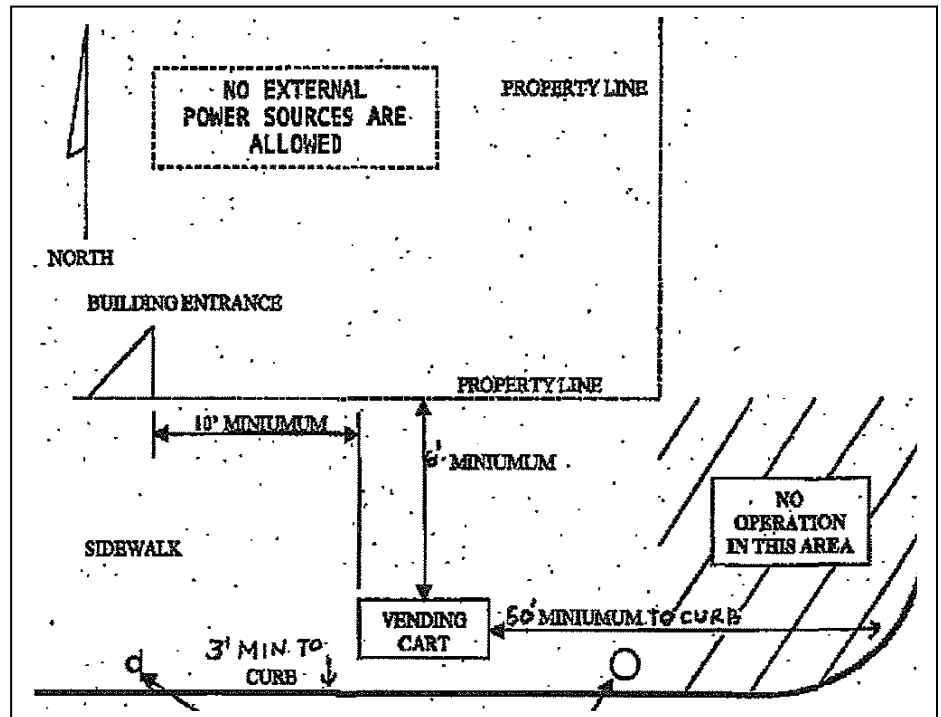
Sidewalk Food Cart Site Plan Requirements

1. Sidewalk food carts are only allowed to operate at pre-approved locations throughout Minneapolis as defined in Minneapolis Code of Ordinances Chapter 188.510(5).
2. Sidewalk food cart must maintain no less than four (4) feet clearance around the cart that is free from any obstructions and that poses a hazard to public safety, vehicles or pedestrian.
3. Sidewalk food carts cannot be located
 - a. adjacent to a bus stop, taxi stand, or accessible transfer zone
 - b. within 50 feet of an intersection or within three feet of a curb
 - c. directly in front of a commercial entryway.
 - d. within 200 feet of a park or school without written permission
 - e. within 100 feet of a restaurant or sidewalk café with street access without written permission

Site Plan Requirements

1. Draw a site plan to scale showing the sidewalk food cart location in relation to fixed elements on the sidewalk. This must be submitted on 8 ½" x 11" paper. Include DBA, vending site address and the name and telephone number of the contact person.
2. Label street names and the location where the sidewalk food cart will be parked.
3. Include measurements of the distance from the site to:
 - a. sidewalk intersection
 - b. adjacent property line
 - c. disabled parking and/or access ramp
 - d. building entrance
 - e. news racks
 - f. parking meters
 - g. street lights
 - h. signposts
 - i. light poles
 - j. bike stands
 - k. trees
 - l. fire hydrants
 - m. planters
 - n. bus shelters
 - o. other fixtures

Site Plan Example (not to scale)



All drawings, thumb drives and photographs are non-returnable.

Food Cart Consent Letter

#4

I authorize _____ to park a food cart-
(cart owner)

Park within 100 feet of my restaurant _____ located at _____.
(name of restaurant) (address)

Park within 200 feet of our school _____ located at _____.
(name of school) (address)

Park indoors at _____.
(address and location)

This consent will be concurrent with the license. If at any time the license expires or is revoked, this consent will be null and void. The food cart owner and operator are required to comply with all applicable sections of the Minneapolis Code of Ordinances. Otherwise, the license may be revoked.

Property Owner

Food Cart Owner

Name

Name

Title

Signature

Signature

Phone Number

Phone Number

Date

Date

City of Minneapolis Requirements for Insurance Certificate

#5

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc. or LLC), Trade Name (DBA), and address of premises.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).			
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/IO/P AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N				WC STATU-TORY LIMITS OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

City of Minneapolis as certificate holder and additional insured

Original signature or stamp of agent.

CERTIFICATE HOLDER Additional Insured: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Applications will be returned if requirements are not complete.