Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

For Office Use Only
Expiration: April 1
AP: Food/GrocTrk
MCO: 188
Adm Issuance: Yes

License Application: Grocery Truck

Definition: The sale of groceries, meats, and miscellaneous goods of any kind at parking lots located near commercial, industrial, or high-density residential properties. Written permission of the property owner or manager is required. No sales shall be made from any mobile food store on city streets, alleys, or public ways. If you park within one hundred (100) feet of a licensed grocery store or farmers market, you must have permission from the grocery store or farmers market.

Note: We are upgrading our website. Any item in ***blue italics*** can be found on the Minneapolis Business Licenses website. We are sorry for this temporary inconvenience. Underlined words in dark blue are active hyperlinks.

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.
2. There is a fee, plus a new license processing charge, for this application. You can pay by
   - ☐ **Cash:** Drop off your application at our office.
   - ☐ **Check**: Mail or drop off your application at our office.
   - ☐ **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. **Truck Plan:** Email a ***Food Plan Review Form*** (Form #2) to development@minneapolismn.gov. There is a fee for this review. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
7. ☐ Attach a ***Certificate of Liability Insurance*** (Sample Form #3)
   You are required to have liability insurance in the amount of $500,000.

2. Applicant Information

Legal Company Name	**Business Name/DBA**		
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On Site Manager		
Business 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	**Social Security Number or Individual Tax ID Number**		
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	**Date of Incorporation**	**State of Incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed Opening Date:**		

3. Business Information

License(s) Requested:

☐ **Starting a new business in a new building. (New Business)**

☐ **Starting a new business in an existing building. (New Business) Name of Previous Tenant:** _____

☐ **Changing Equipment.**

☐ **Adding a new license to an existing business. (New License)**

☐ **Taking over an existing business. (New Owner) Name of existing business:** _____

☐ **Remodeling Only.**

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

Interior	Exterior
Gross Square Footage for Business Use: _____	Gross Square Footage for Business Use: _____
Seating Capacity: _____ Fire Occupancy: _____	Seating Capacity: _____ Max Capacity: _____
Days and Hours of Operation:	Days and Hours of Operation:

Give us a brief description of your business.

Entertainment: Check all categories of entertainment you are planning to provide at your business.

☐ **No Live Entertainment: Radio, television, electronically reproduced music and jukebox. Describe:**

☐ **Limited Entertainment: Literary readings, storytelling, live solo comedians, karaoke, amplified or nonamplified music by a disc jockey or any number of musicians, and group singing by patrons of the establishment. No patron dancing. Describe:**

☐ **General Entertainment: All forms of entertainment described above and patron dancing. Describe:**

☐ **Adult Entertainment: This includes persons who are unclothed or dressed in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe:**

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.

Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	Name of Contractor or Building Manager

Does this include adding/changing equipment that requires a gas or plumbing connection? ☐ **Yes** ☐ **No**

Explain the scope of the remodeling or construction.

6. Workers Compensation

Workers' Compensation Company	Policy Number	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 given 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. **Surveillance Cameras: Confectionary Stores, Gasoline Filling Stations, Grocery Stores, Off-Sale Liquor Stores, and Tobacco Dealers are required to have a surveillance camera operating in their stores during business hours.**
4. **For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.**
5. **Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.**

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505 Fourth Ave. S., Room 220
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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

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: _____

#2

Environmental Health
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-3000

Food Business Plan Review Application

This application must be completed and emailed to development@minneapolismn.gov. This application is required if you are:

- Building a new food establishment or converting existing space into a food establishment
- Expanding or remodeling an existing food establishment
- Adding any equipment that requires gas, mechanical, or plumbing permits

Applicant information			
Legal/Corporate Name of Business	Business Name/DBA		
Mailing Address	City	State	Zip Code
Name of Applicant	Email Address	Cell Phone Number	
Business Address	City	State	Zip Code

Construction category – Check one

- ☐ New construction; New Food Truck
- ☐ Remodel (New Owner, Same Business)
- ☐ Remodel (Same Owner, Same Business)
- ☐ Change of equipment requiring gas, mechanical or plumbing permit
- ☐ Remodel (New Owner, Different Business)
- ☐ Remodel (Same Owner, Different Business)

License type - Check all that apply

- ☐ Commissary or Community Kitchen
- ☐ Farmers Markets
- ☐ Food Carts (Indoor, Kiosk, Sidewalk, etc.)
- ☐ Food Shelf
- ☐ Food Manufacturer (Bakery, Deli, Café, etc.)
- ☐ Grocery or Confectionery Store
- ☐ Institutional Facility (Daycares, Schools, etc.)
- ☐ Mobile Food Unit (Trailers, Trucks, etc.)
- ☐ Meat Market
- ☐ Restaurant
- ☐ Vending Machine(s)
- ☐ Other: _____

Description of project

Describe your project here.

Other Information

☐ Risk Level 1 ☐ Risk Level 2 ☐ Risk Level 3
Use the risk level definitions to determine your risk level.

Total square footage of new construction/remodel area _____
Number of floors where food operations take place _____

Project start date: _____

Projected completion date: _____

I. Required documents

After we receive your application, we will send you a link to the ProjectDox website and a temporary password. You will need to upload the following required documents.

1. **Floor plan**: Detailed and scaled floor plan of your kitchen and facility or vehicle. Include the location of all equipment and finishes for walls, ceilings, floors and base coves.
2. **Equipment list** and specification sheets for all equipment which must be ANSI/NSF certified or equivalent.
3. **Menu** and/or list of food items you plan to serve or sell. You may need a HACCP food safety plan, based on your menu.

II. Application Fee

There is a fee associated with this plan review application. We will call you with the amount of your fee, and to securely collect your payment over the phone. Please do not add your credit card information to this application. The fee is based on:

- Square footage of your new or remodeled space, and
- The risk category defined in the fee link.

If you have any questions about this application or the required documents, please call us at 612-673-3000. You can also email us at development@minneapolismn.gov or healthreview@minneapolismn.gov. Please refer to our Food Establishment Construction Guide for more details of our requirements for food establishments.

City of Minneapolis
Requirements for Insurance Certificates

#3

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE
INSURED **The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.** →	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY ☐COMMERCIAL GENERAL LIABILITY ☐CLAIMS MADE ☐OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐POLICY ☐PROJECT ☐LOC				**EACH OCCURRENCE**	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
					PERSONAL & ADV INJURY	$
					GENERAL AGGREGATE	$
					PRODUCTS – COMP/OP AGG	$
	~~AUTOMOBILE LIABILITY~~ ☐ANY AUTO ☐ALL OWNED AUTOS ☐SCHEDULED AUTOS ☐HIRED AUTOS ☐NON – OWNED AUTOS ☐ _____ ☐ _____				**COMBINED SINGLE LIMIT (Ea accident)**	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY ☐ANY AUTO ☐ _____				**AUTO ONLY – (Ea Accident)**	$
					OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
	EXCESS LIABILITY ☐OCCUR ☐CLAIMS MADE ☐DEDUCTIBLE ☐RETENTION				**EACH OCCURRENCE**	$
					AGGREGATE	$
						$
						$
						$
A	**WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY**				X/WC STATUTORY LIMITS / OTHER	
					E.L. EACH ACCIDENT	
					E.L. DISEASE – EA EMPLOYEE	
					E.L. DISEASE – POLICY LIMIT	
	OTHER					

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

ADDITIONAL INSURED; INSURER LETTER

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 505 Fourth Ave S, Room 202 Minneapolis, MN 55415	
Original signature or stamp of Agent. →	**AUTHORIZED REPRESENTATIVE** →

Sample

Applications will be returned if requirements are not complete.