



Food Cart License Application

Government data practices act-Tennessee warning: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

Cart Information:

Unit Name: _____

Web Address for Unit: _____

Business Owner/Applicant Information:

Owner/Applicant: _____

Physical Address: _____
Street City State Zip

Mailing address: _____
Street City State Zip

Phone: _____ Email: _____

MN Tax ID #or Social Security#: _____

Reason for application: New establishment Change of ownership: Date _____ Renewal

Person in Charge:

Person to call concerning public health issues. (complaints, recalls, reports of illness, etc.)

Name: _____

Phone: _____ Email: _____

OFFICE USE ONLY

Date: _____ Receipt: _____ Amount Received: _____ Received by: _____

License approved by: _____ Risk: _____ Licensed issued: _____ TRAKiT Code: _____

Liability Insurance Requirements:

Must be submitted prior to issuance of a license.

Applicant operating in the public right-of-way must provide proof of liability insurance with the minimum amounts of \$100,000 for individuals, \$300,000 for any single incident and \$50,000 for property damage.

Operation Limitations/Requirements:

Food Carts cannot operate in the public right-of-way before 8:00 am or after 2:30 am on any day.

Food Carts operating in the public right-of-way cannot park, stand or operate at streets/alleys except to cross.

Food Carts cannot operate in the public right-of-way cannot use lights or noise makers or whistles to attract customers.

Food Carts must be fixed with a sign no smaller than 12x12 inches which displays the name, address & telephone # of the cart owner.

NO garbage or food waste including liquids will be dumped or drained onto sidewalks, street, storm drains etc. (licensee is responsible for litter or garbage resulting from business.)

Food Cart Application Fees

Food Cart: (# of Food Carts) _____ x \$138 _____

TOTAL DUE: _____

Application fees for food carts are not prorated.

Must Provide:

The license fee made payable to the City of St. Cloud. Credit card payments are accepted at the City Hall cashier's window or via phone with a signed application. Please refer to license structure information to calculate payment or contact staff at 320-255-7214 for assistance.

A signed Certificate of Compliance of Minnesota Workers Compensation Law form

Liability Insurance

I understand that it is my responsibility to submit all required fees and obtain all necessary approvals prior to operating.

Signature: _____ **Print Name:** _____

Relationship to establishment: **Owner** **Other:** _____

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

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

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.