

## Mobile Food Unit License Application

Government data practices act-Tennesson 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.

|   |        |                                 |       |         |
|---|--------|---------------------------------|-------|---------|
| <b>Unit Information:</b>  |        |                                 |       |         |
| Unit Name: _____  |        |                                 |       |         |
| Website Address for Unit: _____   |        |                                 |       |         |
| <b>Applicant/Owner Information:</b>   |        |                                 |       |         |
| Applicant/Owner: _____  |        |                                 |       |         |
| Physical Address: _____   |        |                                 |       |         |
|   | Street | City                            | State | Zip     |
| Mailing address: _____  |        |                                 |       |         |
|   | Street | City                            | State | Zip     |
| Phone: _____  |        | Email: _____                    |       |         |
| MN Tax ID # or social security#: _____  |        |                                 |       |         |
| <b>Reason for application:</b>  |        |                                 |       |         |
| New establishment   |        | Change of ownership: Date _____ |       | Remodel |
| <b>Person in Charge:</b>  |        |                                 |       |         |
| Person to call concerning public health issues. (complaints, recalls, reports of illness, etc.) |        |                                 |       |         |
| Name: _____   |        |                                 |       |         |
| Phone: _____  |        | Email: _____                    |       |         |
| <b>OFFICE USE ONLY</b>  |        |                                 |       |         |
| Date: _____ Receipt: _____ Amount Received: _____ Received by: _____                            |        |                                 |       |         |
| License approved by: _____ Risk: _____ License issued: _____ TRAKiT Code: _____                 |        |                                 |       |         |

**Mobile Food Unit:**

Mobile Food Unit - with MDH current state license(copy needed) \$138 \_\_\_\_\_

**If no state license check menu type below**

Limited food service (prepackaged, nonperishable or ice cream novelties) \$138 \_\_\_\_\_

Limited food service (minimal prep & reheating) \$138 \_\_\_\_\_

Full food service (cooking, and extensive hot and cold holding) \$250 \_\_\_\_\_

Additional fee - Check only if you want to be licensed to operate in the Central Business District.

Central Business District \$200 \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

If the Mobile Food Unit is licensed by the MN Department of Agriculture No Fee is charged and No License is issued for operation in the City of St. Cloud. Provide copy of current state license to receive exemption.

**Must Enclose**

The license fee payable to the City of St. Cloud, credit card payments are accepted at City Hall by cashier or via phone

A signed Certificate of Compliance of Minnesota Workers Compensation Law form

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Relationship of applicant to stand:      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 |
|---|---------------------------|----------------------------|

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](http://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 |
|--------------------------------|-------|------|

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.