



**License Application – Food Carts, Mobile Food Units, Seasonal Permanent or Temporary Food Stands**

Notice to all applicants: Minnesota Statutes, section 270.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes, section 176.182 also requires information regarding worker's compensation insurance. All data submitted in this application is public data except the individual's social security number, which is private.

**Check (x) the license type:**

- Renewal – License # \_\_\_\_\_ Renewal period: \_\_\_\_\_
- New Establishment – Opening date: \_\_\_\_\_ License #: \_\_\_\_\_
- Ownership Change – Previous Owner & License #: \_\_\_\_\_  
- Opening date: \_\_\_\_\_ New License #: \_\_\_\_\_

**Applicant/Owner Information: PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS**

- Corporation Name: \_\_\_\_\_ Primary Officer \_\_\_\_\_
- OR**
- Individual Operator - First name: \_\_\_\_\_ Middle Initial \_\_\_\_ Last name: \_\_\_\_\_  
Individual Operator's Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
- DBA (*Doing Business As*) Name (if applicable): \_\_\_\_\_
- MN Business Tax (*Sales Tax*) Identification # (*This must be provided for licensure if applicable*): \_\_\_\_\_
- Federal Tax ID #: \_\_\_\_ - \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Designated Mailing Address:** \_\_\_\_\_  
(Street/PO Box) City State Zip

**Certified Food Manager Information - Certificate #:** FM \_\_\_\_\_ **CFM Name:** \_\_\_\_\_

**Establishment Information:**

- Establishment Name (*name on the sign*): \_\_\_\_\_
- Telephone #: ( ) \_\_\_\_\_ Dates of operation: \_\_\_\_\_ through \_\_\_\_\_
- If applicable: State Fair Concession #: \_\_\_\_\_ Mobile Food Unit-Vehicle License #: \_\_\_\_\_
- Location (*if operated at only one site*): \_\_\_\_\_  
Street/PO Box City County

**Worker's Compensation Information:**

- Insurance Company Name: \_\_\_\_\_
- Insurance Company Designated Mailing Address: \_\_\_\_\_
- Policy #: \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_ through \_\_\_\_\_

**OR**

**I certify that I am not required to carry worker's compensation liability coverage because:**

- I am a sole proprietor and I have no employees.
- I have no employees who are covered by the worker's compensation law. Note: Only employees exempt by statute (spouse, parent, and children) are *not* covered by the worker's compensation law.
- I represent a nonprofit association which does not pay more than \$1000 in salary or wages in a year.

**I certify that the information provided on this application is accurate and complete.**

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

**Definitions**

**Food Cart** – a food and beverage service establishment that is a non-motorized vehicle self-propelled by the operator.  
**Mobile Food Unit** – a food and beverage service establishment that is a vehicle mounted unit, either motorized or trailered, and readily movable, without disassembling, for transport to another location. The unit can operate no more than 21 days annually at any one place unless it is operated at the site of and in conjunction with a permanent business licensed under Minnesota Statutes Chapter 157 or Chapter 28A.  
**Seasonal Permanent Food Stand** – a food and beverage establishment which is a permanent food service stand or building, but which operates no more than 21 days annually.  
**Seasonal Temporary Food Stand** – a food and beverage service establishment that is a food stand which is disassembled and moved from location to location, but which operates no more than 21 days annually at any one location.  
**Late Penalty** – additional charge added to the license fee when a person operates a business without first having made application and fee payment for the current years license.

**FEE SCHEDULE**

**Check (x) the appropriate boxes:**

<input type="checkbox"/> <b>Base Fee (all establishments)</b> .....	<b>\$195.00</b>	<b><u>\$ 195.00</u></b>
<input type="checkbox"/> Food Cart.....	\$ 70.00	_____
<input type="checkbox"/> Mobile Food Unit.....	\$ 70.00	_____
<input type="checkbox"/> Seasonal Permanent Food Stand.....	\$ 70.00	_____
<input type="checkbox"/> Seasonal Temporary Food Stand.....	\$ 70.00	_____
<input type="checkbox"/> Late Penalty (1 to 30 days).....	\$100.00	_____
<input type="checkbox"/> Late Penalty (after 30 days).....	\$300.00	_____

**Submit this total with application..... Total Fee:** \_\_\_\_\_

*Dates of operation:*

**From:** \_\_\_\_\_

**Through:** \_\_\_\_\_

**► Add \$100.00 late payment fee if applying 1-30 days late, \$300.00 late payment fee after 30 days (Licenses expire December 31).**

**MAKE CHECKS PAYABLE TO: DOUGLAS COUNTY PUBLIC HEALTH**

Notice: The issuance of a dishonored check to this department will require a service charge as per Minnesota Statute Section 604.113

1. List all food and beverages which will be served at this establishment. Please indicate food sources and place of preparation.

2. List all equipment used in this food service operation.

3. Describe facilities provided for handwashing purposes.

4. Describe facilities and procedures for dishwashing.

**OFFICE USE ONLY:**

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved?  Yes  No

Insp. Initials \_\_\_\_\_

Risk Level: H M L