



# Mobile Food Unit Permit Application

## APPLICATION CHECKLIST FOR SUBMISSION

1. **Permit Application** (Must be received 14 days prior to conducting business)
2. **Certificate of Liability Insurance** (City of Becker must be co-insured if operating on any public property.)
3. **Copy of Minnesota Department of Health or Department of Agriculture License**
4. **Written consent of Property Owners**
5. **Fees:** Temporary – \$25 (1 to 7 days), Annual – \$100

## MOBILE UNIT OWNER INFORMATION

Applicant's Full Legal Name (Must be Owner):

Applicant's Permanent Address:	City:	State:	Zip:
Applicant's Temporary Address (If Different):	City:	State:	Zip:
Preferred Mailing Address:	City:	State:	Zip:

Date of Birth:	Driver's License Number:
Social Security Number:	Daytime Phone Number: ( ) _____ - _____
E-Mail:	Cell Phone Number: ( ) _____ - _____

## COMPANY INFORMATION

Name of Business / Company:	Phone Number ( ) _____ - _____
Business Address:	City: State: Zip:
MN Tax ID Number:	Federal Tax ID Number:
Describe the food that will be sold:	Mobile Food Unit Phone Number ( ) _____ - _____

List the last 3 locations where you have operated your Mobile Food Unit:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**COMPANY INFORMATION - CONTINUED**

List hours you wish to operate:

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 / revocation:

**VEHICLE INFORMATION**

**PRIMARY VEHICLE INFORMATION**

<b>Year</b>	<b>Make</b>	<b>Model</b>
<b>Color</b>	<b>License Plate Number</b>	

**TYPE, DATES AND LOCATIONS OF INTENDED BUSINESS**

Annual or Daily Permit       Annual     Temporary (1-7 Days)

Temporary Permit holders must provide 24 hour notice on dates they will be operating. Dates do not need to be consecutive or predetermined at time of application. If operating on a Saturday or Sunday, notification must be received the Friday prior by 4:30PM. For notification, please call 763-200-4239 between 8 a.m. and 4:30 p.m.

Temporary Permit – Date 1	Location
Temporary Permit – Date 2	Location
Temporary Permit – Date 3	Location
Temporary Permit – Date 4	Location
Temporary Permit – Date 5	Location
Temporary Permit – Date 6	Location
Temporary Permit – Date 7	Location

Mobile Food Unit Phone Number:

(    ) \_\_\_\_\_ - \_\_\_\_\_

**MINNESOTA WORKERS COMPENSATION LAW CERTIFICATE OF COMPLIANCE**

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services  
 443 Lafayette Road North  
 St. Paul, MN 55155  
 Mailing Address:  
 PO Box 64217  
 St. Paul, MN 55164-0217



CC0515

**Certificate of Compliance  
 Minnesota Workers' Compensation Law**

**THIS FORM MUST BE COMPLETED AND SIGNED  
 BY ALL BUSINESS TYPES**

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Web Site: [www.dli.mn.gov/cclcd.asp](http://www.dli.mn.gov/cclcd.asp)  
 Directions: <http://www.dli.mn.gov/Direct.asp>  
 Phone: (651) 284-5034

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 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 Minnesota Statutes, 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.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)		BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)			
DBA NAME (Doing business as name / assumed name – if applicable)			
BUSINESS ADDRESS (must be physical street address, no PO boxes) workers'		CITY	STATE ZIP
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR REGISTRATION WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent)		NAIC Number
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- £ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- £ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- £ I have employees but they are not covered by the worker's compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees) Explain why your employees are not covered:

£ Other: \_\_\_\_\_

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.  
**CC0515 Work Comp Compliance (12/12)**

**BACKGROUND CHECK – OPERATING ON PUBLIC PROPERTY ONLY**

Have you ever been convicted of a felony gross misdemeanor, misdemeanor, or ordinance violation for violating any federal, state, or local ordinances other than a minor traffic offense within the last ten years?

Yes No

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Mobile Food Unit License, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. With the exception of your Social Security Number, the information you provide is public and will be used by the City of Becker Police Department, the Becker City Council, and/or the general public. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire one year from the date you sign it.

I have read and understand the above Data Practices Advisory.

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

**CONSENT**

In the course of your application for a permit, you may be asked to supply non-public data. The purpose and intended use of this data is to provide a means for the City to evaluate whether you comply with the application requirements for the general permit application. You may refuse to supply the requested data, but this may result in an incomplete application which may result in your application being denied. This non-public data may be reviewed by the City of Becker, employees of the City of Becker who are assigned to review such information, and the City of Becker’s legal counsel. In addition, this data may be reviewed by specific Board and subcommittees of the City of Becker, who assist the City in evaluating your application. You hereby agree to release the data to those Boards and subcommittees for the purpose of effectuating that review.

Failure to complete, supply, or falsify any or all information contained within this application will result in a delay or denial or revocation of your permit and/or application.

The undersigned understands and consents to the release and use of private or confidential data, as described above. Also, the undersigned does hereby agree to defend, indemnify, and hold harmless, the City of Becker, its officers, employees, and agents, for any and all claims, causes of action, lawsuits, losses or expenses, including reasonable attorney’s fees and costs, on account of bodily injury, sickness, disease, death, and property damage as a result of any action of the undersigned.

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

*APPLICATION MAY TAKE UP TO 10 BUSINESS DAYS TO PROCESS*

**APPLICANT AKNOWLEDGEMENT OF CITY CODE / PROPERTY OWNER PERMISSION**

**APPLICANT**

I have read and understand the Becker City Code regarding Mobile food Units (MFU) in its entirety and agree to respect and obey all regulations of said Code in regard to MFU’s.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PROPERTY OWNER** (If on private property)

I hereby give my permission for the applicant to operate a Mobile Food Unit at my property described below.

Property Address \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_

**OFFICE USE ONLY**

Type:  Annual (may be prorated quarterly for remainder of year): \$100  Temporary (1-7 Days): \$25

Date Received	Date Paid / Form of Payment	Date Review Completed
---------------	-----------------------------	-----------------------

Insurance Certificate (See Subd 3b, Item 6 for limits type). Date Received:

Are they operating on public property, right of way, residential streets, parks etc.? Yes No

If Yes, City listed as additional insured? Yes No

(IF CITY NOT LISTED AS ADDITIONAL INSURED - DO NOT APPROVE)

Copy of Department of Health or Agriculture License. Date Received:

Commercial Noise Permit (Ice Cream Trucks Only) - \$100 Fee. Date Received: Date Paid:

Written Consent of Property Owners. Date Received:

Background Check Required? Yes No

(Operating on publicly owned land, in right of way, on street in residential district or any City park.)

Date Sent to P.D. if Background Check Required.

Date P.D. Received	Date of Background Check	Approved? Yes No
--------------------	--------------------------	---------------------

Notes

P.D. Signature	Title	Date
----------------	-------	------