



Mobile Food Unit License Application

(FEE AND APPLICATION REQUIRED YEARLY)

Business Information

Business Name: _____
Website: _____ Phone Number: _____
Address: _____ Email: _____
City: _____ State: _____ Zip code: _____

Owner/Applicant Information

Full Legal Name (first, middle, last): _____
Primary Phone: _____ Alternate Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip code: _____

Is this your permanent address? Yes No If not, please provide your permanent address:
_____ City: _____ State: _____ Zip code: _____

All other names under which you conduct business (legal names, food truck sign, parent companies, dba, etc.)

Name and contact information of primary food truck operator, if different from applicant/owner:

For contact purposes, please provide names of all mobile food unit employees: _____

A general description of the items to be sold: _____

Mobile Food Unit Vehicle

License Plate #	State	Make	Model	Year	Color

Background

Have you ever been convicted of any felony, gross misdemeanor or misdemeanor for violation of any state or federal statute or any local ordinance, other than traffic offenses? Yes No

If yes, please describe nature of offense, date and place of conviction: _____

Notes to Applicant

- The application will be reviewed by the City Clerk. When all requirements are fulfilled, a license will be issued.
- Some requested information, including on the state SPC-1 form and driver's license, is classified as private/confidential under the Minnesota Data Practices Act. This information is required by the state law or city ordinance. The information will be used to determine your eligibility for issuance of a license.
- Failure to provide complete and accurate information will result in denial of the license.

Submittal Checklist

- ___ Completed Application (including background release for owner)
- ___ \$25 fee; check payable to "City of Belle Plaine"
- ___ Copy of a valid driver's license or valid government-issued photo identification
- ___ Copy of current Minnesota Department of Health license
- ___ Certificate of insurance by an insurance company authorized to do business in the state of Minnesota
- ___ Written agreements from owners of property where sales will be conducted

Applicant Signature

I agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of Belle Plaine. The foregoing statement are true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

Certificate of Insurance Information

The city requires all applicants to provide a Certificate of Insurance by an insurance company authorized to do business in the state of Minnesota, evidencing the following forms of insurance:

- Commercial general liability insurance, with a limit of not less than one million dollars (\$1,000,000.00) each occurrence. If such insurance contains an annual aggregate limit, the annual aggregate limit shall be not less than two million dollars (\$2,000,000.00);
- Automobile liability insurance with a limit of not less than \$2,000,000 combined single limit. The insurance shall cover liability arising out of any auto, including owned, hired, and non-owned vehicles;
- Food products liability insurance, with a limit of not less than one million dollars (\$1,000,000.00) each occurrence;
- Public liability insurance, with a limit of not less than one million dollars (\$1,000,000.00) each occurrence;
- Property damage insurance, with a limit of not less than one million dollars (\$1,000,000.00) each occurrence;
- Workers compensation insurance (statutory limits) or evidence of exemption from state law; and
- The city shall be endorsed as an additional insured on the certificate of insurance and the Umbrella/Excess insurance if the applicant intends to operate its mobile food unit on public property. The Certificate of Insurance shall state that the insurance has been endorsed to require that the city be notified thirty (30) days in advance of cancellation of the policy or a material modification of a coverage term.

Property Agreement

Written consent from the property owner must be submitted with this application. Please print off additional copies of this page for each additional property.

NAME OF FOOD TRUCK: _____

Dear property owner,

The above-mentioned food truck unit has requested to locate on your property for a period of no more than 21 days. In order to do so, the applicant must receive the written consent of each private property owner from which it plans to conduct mobile food unit sales.

According to Belle Plaine City Code, mobile food units:

- Must be licensed with the City and the Minnesota Department of Health. As part of the City license, food truck owners must have an agreement with the property owner to park on any property.
- Are **not** allowed to park on streets, in residential areas (with exception of catering events) or City property (without prior written approval).
- Can only park in a private commercial or industrial parking lot.
- May park overnight in your property's parking lot but must leave daily for fresh water.
- Can only operate between 7 a.m. and 11 p.m.
- **Cannot** dispose of water on the street or parking lot.

If you have any questions about the City of Belle Plaine's mobile food truck ordinance, please contact the City Office at 952-873-5553. You can also contact the Minnesota Department of Health at 651-201-4500. Please consider making a copy of this agreement for your records.

Property Name (where unit is to be located/parked): _____

Property Address: _____

Property Owner's Name: _____ Phone: _____

Dates at this Location: _____ to _____

I agree to allow _____ to locate on my property at

Name of Food Truck Unit

_____ for a length of time from _____ to _____.

Address

Property Owner's Signature

Date

CITY OF BELLE PLAINE
RELEASE OF INFORMATION

I, _____
(name: first, middle, last) (also list any other names you may have had)

of _____
(number street city county state zip)

I hereby authorize the Police Department of the City of Belle Plaine to disclose Minnesota Criminal History Record Information/a background check to the City Administrator/Deputy City Clerk or designee to inspect and gather information retained by local, county, state, and federal agencies (as necessary) to determine whether:

- ___ any convictions of a crime or moving traffic violation, for which a jail sentence of more than 90 days could have been imposed, directly relate to the:
___ position of employment as _____ sought by me.
Job Title of Position
- ___ Requirement for applicant applying for a rental unit in Belle Plaine.
- ___ Requirement for applicant applying for a City-issued license.

___ Applicant has had any convictions within the past five years for any violations of Laws of the State of Minnesota, or Municipal Ordinances relating to the sale of non-intoxicating malt liquor or intoxicating liquors.

___ Applicant /organization has had any violations /convictions within the past five years of Laws of the State of Minnesota, or Municipal Ordinances relating to Minnesota Lawful Gambling.

I realize I am not legally required to sign this form, but if I do not, the City of Belle Plaine will not be able to determine whether my conviction record, if any, is a job related consideration. In the event the City of Belle Plaine determines my conviction record is a job consideration, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Chapter 364. I understand that information prepared by the City of Belle Plaine may be released only pursuant to the statutory provisions of Minnesota Statute Chapter 13.

I also authorize references and current and/or former employers, if so noted on application, to release data, including performance evaluations and complaints against me, to the City of Belle Plaine; and authorize contacted persons to respond to questions.

I release those persons, employers, and organizations from any liability for damage in providing this information to the City of Belle Plaine.

(signature)

(date)

(driver's license number)

(birth date: month day year)

(This Informed Consent meets the criteria set out in Minnesota Statutes 13.05, Subdivision 4, Paragraph D)