

Mobile Food Truck Unit License Application

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 permane	nt address:	
City:	State:	Zip code:
Background and References		
statute or any local ordinance, other		misdemeanor for violation of any state or federal Yes No
Must provide two character and bus	siness responsibility references.	
REFERENCE 1 Name:		Phone:
Address:		
City:	State:	Zip code:
REFERENCE 2		
Name:		Phone:
Address:		
City:	State:	Zip code:
Business Information		
If your business will have multiple fo	ood truck units in the City of Sha	akopee, please fill out this page for each truck.
Name of Company:		

Business Address:		Phone:
City:	State:	Zip code:
Email:	Website:	

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:

Describe the items to be sold: ____

Mobile Food Unit Vehicle

License Plate #	State	Make	Model	Year	Color

Commissary

The state of Minnesota requires all mobile food units to store and prepare food in a licensed commercial kitchen.

Commissary Name:		Phone:	
Commissary Address:			
City:	State:	Zip code:	
Location where disposing gray water (u	sed water), if different from c	ommissary:	

Notes to Applicant

- Applicants must deliver a completed application in person to city hall. Please set up an appointment by calling the City Clerk's Office at 952-233-9300.
- 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 MUST SIGN IN PERSON AT CITY CLERK'S OFFICE
- ____ \$50 fee; check payable to "City of Shakopee"
- ____ Copy of completed and signed Minnesota Department of Revenue SPC-1 form
- ____ Copy of completed and signed Certificate of Compliance Minnesota Workers' Compensation Law form
- ____ Copy of a valid driver's license or valid government-issued photo identification
- ____ Copy of proof of Minnesota Department of Health license
- ____ Certificate of insurance by an insurance company authorized to do business in the state of Minnesota (see page 3)
- ____ Written agreements from owners of property where sales will be conducted (see page 4)

Applicant Signature

NOTICE: Do NOT sign in advance. Signature must be witnessed by the City of Shakopee.

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

 Applicant's Signature
 Date

 Subscribed and sworn to before me this ______ day of _____, 20___.

 Notary Public

 My commission expires:

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 Shakopee City Code, mobile food truck 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. April 1 through Oct. 31.
- Cannot dispose of water on the street or parking lot.

If you have any questions about the City of Shakopee's mobile food truck ordinance, please contact the City Clerk's Office at 952-233-9300. 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				
l agree to allow	Name of Food Truck Unit	to locate on my property at		
for	a length of time from	to		
Address	Start Do		End Date	
Bronorty Ownor's Signature		_	Data	
Property Owner's Signature			Date	