

Mobile Food Unit and Food Cart License Application

Before you begin

- If you're licensed as a Retail Mobile Food Handler by the Minnesota Department of Agriculture, an additional license from Ramsey County is not required.
- Contact the city where you will be operating as zoning regulations may prohibit mobile food service. In addition, a city may require a peddler's permit or other sales credential.
- This license is not valid in Saint Paul or Maplewood. Mobile food units/carts may only operate within Ramsey County Parks as part of a permitted event.

Submit the following:

- This completed application.
- Certificate of compliance (attached).
- Plan review documentation.
- Commissary kitchen documentation, if applicable.

Send application to RamseyCEH@ramseycounty.us or mail to the address above. Submit at least two business days before your first event.

Incomplete applications will not be approved.

Important:

- Submit an application for each truck. Each truck needs a separate license.
- List planned and tentative events below. If needed, contact RamseyCEH@ramseycounty.us or 651-266-1199 with updated information prior to operating.
- Onboard water sources (sinks and storage tanks) are required. No temporary hand/utensil washing setups.

Mobile Food Unit Information

Business Name (Name on truck/assumed name/doing business as): _____ **License plate number:** ("N/A" for food carts)

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Certified Food Protection Manager (CFPM)

If you serve time/temperature control for safety (TCS) foods, you may need a Certified Food Protection Manager for each truck. Contact the Minnesota Department of Health or this department for more information.

Name:
Certificate Number:
Expiration Date:

Plan Review Information

Attach an approval letter or current license from the agency who approved your plans. If you do not have documentation, you may be required to pay additional fees and complete an in-person consultation/equipment review.	Date plan review approved:
<input type="checkbox"/> I attached plan review documentation.	Approving agency:

Correspondence

Legal Entity/Licensee Contact

Legal Entity Name (use owner’s name if sole proprietorship):		Type of Legal Entity (e.g., sole proprietor, LLC, LP, INC):		
Licensee Care-of Person Name:	Title:	Phone:	Email:	
Mailing Address:		City:	State:	ZIP:

Billing Contact

Legal Entity Name (“N/A” if same as legal owner):		Type of Legal Entity (“N/A” if same as legal owner):		
Billing Care-of Person Name:	Title:	Phone:	Email:	
Billing Address:		City:	State:	ZIP:

Emergency Contact

Name:	Title:	Phone:	Email:
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Commissary Kitchen Information

A commissary kitchen may be required depending on your menu, equipment, and inspector discretion.

In general, you **do not** need a commissary if you:

- Have a prep sink installed in your truck if not using pre-washed and pre-cut produce.
- Conduct all utensil washing inside your truck with a three-compartment sink.
- Do not cool food in your truck.
- Do not cook, hold or store food in your home. Food storage and preparation is **never** allowed in your home.

If you use a commissary kitchen and are not the license holder of that kitchen:

- Attach documentation from the kitchen licensee stating they give you approval to use their kitchen. See attached Servicing Area Agreement below, if needed.
- Attach a copy of the kitchen’s food license.

Name of kitchen:				
Address:		City:	State:	ZIP:
Licensing agency:				
Commissary kitchen activities (select all that apply):		I attached documentation from the commissary kitchen stating their approval.		
<input type="checkbox"/> Food Preparation <input type="checkbox"/> Open Food Storage <input type="checkbox"/> Pre-packaged Food Storage <input type="checkbox"/> Truck/Cart Parking <input type="checkbox"/> Ware Washing <input type="checkbox"/> Truck/Cart Maintenance <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
		I attached a copy of the commissary kitchen’s food license.		
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A		

Menu

Attach menu OR describe food/beverages to be served:

Events

List planned and tentative dates and locations of next ten events. If needed, contact RamseyCEH@ramseycounty.us or 651-266-1199 with updated information prior to operating.

Date	Time	Event name and address

Certificate of Compliance

Minnesota Department of Revenue Information

Minnesota law (MS §270C.72 s 4 Licensing Authority: duties) states *“All licensing authorities must require the applicant to provide the applicant’s Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, and Social Security number or individual taxpayer identification number and business identification number, as applicable, of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.”*

Enter Minnesota Business ID Number (also called Minnesota Tax ID Number) OR enter tax-exempt number:

_____ - _____

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- The licensing agency (Ramsey County) will supply this information only to the Minnesota Department of Revenue (Commissioner). However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

Federal Employer Identification Number

A federal employer ID number is required for the Ramsey County Finance Department’s records. Alternatively, you can provide the business owner’s social security number. Call 651-266-1199 to provide SSN securely by phone.

Enter federal employer ID number: _____ - _____

Workers’ Compensation Insurance Coverage Law

Minnesota Statute 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 Section 176.181 s 2. The information required is: name of insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 176.181 s 2. If this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Workers’ Compensation Insurance Company Name	Policy Number	Coverage Dates From: To:
<p>OR, I certify that I am not required to carry workers’ compensation insurance because (check one):</p> <p><input type="checkbox"/> I am the sole proprietor and have no employees.</p> <p><input type="checkbox"/> I am self-insured (you must include a copy of the permit to self-insure).</p> <p><input type="checkbox"/> I have no employees who are covered by workers’ compensation law. (Exempt employees include: spouse, parents, and children—all other employees must be covered).</p>		

Certification

I certify under penalty of the law I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I hereby apply for a Ramsey County License subject to all relevant conditions and provisions of the Ramsey County Administrative Ordinance and the Ramsey County Food Protection, Lodging, Manufactured Home Parks & Recreational Camping Areas, Public Swimming Pool, Youth Camp, Hazardous Waste Management or Solid Waste Ordinance as applicable.

Name:	Title:
Signature:	Date:

INSPECTOR USE ONLY				
Date received:		License type fee code(s):		
Type of license: <input type="checkbox"/> Mobile food unit <input type="checkbox"/> Food cart		Risk category: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Certified food protection manager certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required				
Commissary kitchen required: <input type="checkbox"/> Yes <input type="checkbox"/> No			Plan review required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fee adjustments: <input type="checkbox"/> Late fee <input type="checkbox"/> Food waste diversion discount			State Delegation: <input type="checkbox"/> MDH <input type="checkbox"/> MDA	
Reviewing inspector:		Date:	License delivery: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> By Area Inspector	
Comments:				
ADMIN USE ONLY				
Date received:	Invoice amount:	DHD license #:	Fee statement #:	Entered by:

Servicing Area Agreement

Food and Beverage Establishments

You are not required to submit this Servicing Area Agreement. However, you are required to submit some form of documentation addressing information in this template from the kitchen licensee stating they give you approval to use their kitchen.

Establishment Information

Provide information about the establishment that will be using the servicing area.

Establishment Name:	Address:	City, State, ZIP:
Primary Contact:	Phone and Email:	Food License #:

Support Services

Select one or more of the following support services to take place at the servicing area.

- Vehicle and equipment cleaning.
- Emptying liquid or solid wastes.
- Refilling water tanks or ice bins.
- Loading food.
- Cleaning and sanitizing utensils and/or equipment.
- Other (Describe) _____

Servicing Area Information

Provide information for the licensed facility of the servicing area.

Licensed Facility Name:	Address:	City, State, ZIP:	
County:	Phone:	Food License #:	Licensing Agency:

Authorization

I authorize _____ to use my licensed facility as a servicing area.

Servicing Area Owner/Operator Signature:	Date:
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