

# Mobile Food Unit License Application

City Code Chapter 110.20



## Fees:

_____ One Day	\$30.00
_____ Year	\$225.00
Investigation Fee (if applicable)	\$25.00 (Non-refundable)

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## APPLICATION CHECKLIST:

To prevent delay, please ensure the following information is submitted. Incomplete applications are not accepted and will be returned immediately.

- ☐ Mobile Food Unit Application
- ☐ Application Fee
  - Checks should be made payable to the City of Hastings. Credit card and cash are also accepted.
  - *All credit/debit card payments will be assessed a convenience fee.*
- ☐ Current *Color* Copy of Driver's License
- ☐ Current Copy Certificate of Insurance
  - The City of Hastings must be listed as additional insured.
- ☐ Ordinance Acknowledgement
- ☐ Tennesen Warning
- ☐ Minnesota Worker's Compensation
- ☐ Tax Identification Form
- ☐ Current Copy of Minnesota Department of Health or Department of Agriculture License
- ☐ *If Selling on Private Property*: A Letter of Consent from the Property Owner
- ☐ Ice Cream Truck Vendors must complete additional paperwork for a criminal history background investigation along with investigation fee(s).

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## APPLICATION PROCESS:

- ☐ Return the complete application packet and the required fee to the Deputy City Clerk.
- ☐ Once all required documents and fees have been received, the application will be reviewed. Please allow 10 business days after all materials have been received for review.
- ☐ If additional information is required, the applicant will be contacted by the Deputy City Clerk.
- ☐ Following successful application review, the license certificate will be issued. This license shall be posted in a conspicuous place in the licensed premise at all times throughout the licensing period.

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The data you furnish on this application will be used by the City of Hastings in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Hastings may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

## Submit Application and Fees to:

Deputy City Clerk  
101 4<sup>th</sup> Street East  
Hastings, MN 55033

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### **Applicant Information**

Name:
Address:
Phone Number:
Email Address:
Date of Birth:
Driver's License and Expiration:

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### **Business Information**

Business Name:	
Business Address:	
Business Phone Number:	
Business Website:	
Proposed dates of sales:	
Proposed hours of sales:	
Proposed location of sales <i>(If on private property, a letter of consent from property owner must be attached):</i>	
Name and Description of Products:	
Vehicle(s) used for this business <i>(If more than one, please list separately)</i>	
Make:	Model:
Year:	License Plate Number:
List all other names under which you conduct business (legal names, mobile food unit signage, parent companies, DBA, etc.)	

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## **Indemnification and Insurance Information**

The applicant hereby agrees to save, defend, hold harmless, and indemnify the City of Hastings and all of its officers, departments, agencies, and employees (collectively the “City”) from and against any and all claims, losses, damages, injuries, fines, penalties, and costs, including attorneys’ fees, charges, liability, or other exposures, however caused, resulting from, arising out of, or in any way related to the applicant’s activity as herein described and applicant’s use of City property and/or right-of-way. Nothing herein shall have any effect on the City’s right to assert any liability defense in accordance with Minnesota Statutes, Chapter 466.

The applicant must provide the City with a certificate of Insurance showing proof of the required liability insurance(s). The City must be listed as an additional insured on all liability policies. Applicant’s insurance shall act as the primary insurance coverage for any claims of loss covered by the insurance policy.

1. Commercial general liability insurance or equivalent coverage protecting applicant and City from claims for damages or bodily injury and property damage which may arise out of or in connection with the operation and use of the City’s property or right-of-way. This general liability insurance policy shall be in an amount not less than \$1,000,000 per occurrence.
2. If applicant will be using an automobile for any portion of the applicant’s event, the applicant must obtain automobile liability insurance in an amount not less than \$1,000,000 per occurrence. Such policy must include liability coverage for owned, non-owned, and hired automobiles.

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## **Data Practices Notice**

Every city in Minnesota must comply with the Minnesota Government Data Practices Act (MGDPA), which, in conjunction with other state and federal laws, classifies all government data. Government data are classified in different categories depending on whether they are accessible by the public.

Government data means all data collected, created, received, maintained or disseminated by the City regardless of its physical form, storage media or conditions of use. There is a presumption that government data are public and are accessible by the public for inspection and copying unless there is a federal law, state statute or temporary classification of data that provides differently.

The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in city license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

*I hereby certify that all statements made in this application are true and complete and understand that any misstatements or omissions of material facts may result in disqualification or denial of the license. I agree to abide by the provisions of this application and all applicable City polices and ordinances.*

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Signature of Applicant

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Date



## **Minnesota Government Data Practices Act – “Tennessen Warning”**

*(Please initial)*

The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data until license approval when the data becomes Public: (Minn. Stat. § 13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearings and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers and license status.

The following data collected, created, or maintained is classified as Private: (Minn. Stat. §13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Minn. Stat. §13.41, Subd. 4.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of Hastings may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

\_\_\_\_\_ I have read and understand the above information regarding my rights as a subject of government data.

## **Ordinance Review**

*(Please initial)*

\_\_\_\_\_ I hereby acknowledge that I have read, understand, and agree to abide by the regulations set forth in the City’s Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

## **Minnesota Workers' Compensation**

A valid workers' compensation policy must be kept in effect at all times by employers in accordance with statutory requirements.

- ☐ 1. I have a worker's compensation insurance policy.  
*Policy information must be listed on the submitted certificate of insurance.*
- ☐ 2. I am not required to have workers' compensation insurance because:
- ☐ I only use independent contractors and do not have employees.
  - ☐ I do not use independent contractors and do not have employees.
  - ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Attach an explanation).
  - ☐ I only have employees who are not required to be covered by the workers' compensation law. (Attach an explanation) *See Minn. Stat. § 176.041 for a list of excluded employees.*

## **Department of Revenue Information**

Pursuant to Minn. Stat. § 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification number of each license applicant (person signing the application).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information for licensing authority: City of Hastings

**Minnesota Tax ID Number:** \_\_\_\_\_ *If not available, please attach an explanation.*

**Federal Tax ID Number:** \_\_\_\_\_

**OR if a Sole Proprietorship, Social Security Number:** \_\_\_\_\_

# Letter of Consent Sales on Private Property



This letter hereby authorizes \_\_\_\_\_ to sell or provide goods or  
(Vendor)  
services adjacent to my private property located at \_\_\_\_\_.  
(Address of Property)

This shall run concurrent with the license. If at any time the license expires or is revoked, this consent shall be void. The owner and operator of the vendor business is required to comply with all applicable sections of the City of Hastings Ordinances and State of Minnesota Statutes. Failure to do so will cause license for said location to be revoked.

The vendor agrees to hold harmless the property owner for any claims for damage to property or injury to persons which may be caused by any activity in connection with the issuance of any mobile food vendor license.

## **Property Owner**

Name:
Title:
Phone Number:
Email Address:

## **Vendor**

Name:
Title:
Phone Number:
Email Address:

## **Property Owner**

## **Vendor**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
A	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	<b>EXCESS LIAB</b>						AGGREGATE
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	DED	RETENTION \$					
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N / A				E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A							Per Occur
							Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Hastings is additional insured.

**CERTIFICATE HOLDER****CANCELLATION**City of Hastings  
101 4th Street East  
Hastings, MN 55033

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE