



Mobile Food Unit

Fee \$100

Licensee Information					
Type of Applicant <input type="checkbox"/> Natural Person <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association			Applicant Full Name <i>(person completing the application)</i>		
Legal Name of Licensee <i>(individual, business, partnership, LLC, Corporation)</i>			DBA or Trade Name		
Licensee Address		City	State	Zipcode	
Is this your permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please provide permanent address.					
Primary Phone		Alternate Phone		Email	
Minnesota Business Tax ID Number <i>(Per Minnesota Statutes 270C.72)</i>		Federal Tax ID Number		Applicant's Social Security Number <i>(must be provided if the MN and Federal ID numbers are not provided)</i>	
Vehicle Information					
License Plate #	State	Make	Model	Year	Color
Certificate of Insurance					
<p><input type="checkbox"/> A Copy of the Certificate of Insurance must be attached to this application.</p> <p>The city requires <u>all</u> applicants to provide a certificate of insurance that has been issued to the applicant by an insurance company authorized to do business in the State of Minnesota verifying the applicant is insured against claims arising out of all operations of such applicant under this chapter for the sum of at least one million dollars (\$1,000,000.00) against liability for bodily injuries and for at least one million dollars (\$1,000,000.00) against liability for damage or destruction of property.</p> <p>Certificate of insurance must contain a provision requiring at least thirty (30) days' advanced written notice to the city, or ten (10) days' written notice for non-payment of premium notification be sent to the city should the policy be cancelled before its stated expiration date.</p> <p>The city shall be endorsed as an additional insured on the certificate of insurance for operation on public property including right-of-way.</p>					
State License					
<p>Mobile food units shall hold a valid license from the State of Minnesota Department of Health or Department of Agriculture. A copy of the state license must be attached to this permit application.</p>					
Previous Licenses					
<p>Please list the last three (3) municipalities you held a license for operating a Mobile Food Unit. Include city, state, and dates.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>					

Submittal Checklist

- Completed application.
- \$100 fee, made payable to "City of Elk River".
- Completed and signed Certificate of Compliance Minnesota Workers' Compensation Law form.
- Completed and signed Background Investigation Consent Release.
- Copy of driver's license or valid government issued photo identification.
- Copy of proof of Minnesota Department of Health or Minnesota Department of Agriculture License.
- Certificate of Insurance.

Please note: License applications can take up to 30 days for approval so please allow ample time between the application and your first event.

Applicant Signature

I certify that I have read the above questions and the answers are true and correct to the best of my knowledge.

_____ shall perform its activities in full conformance with applicable federal, state and local

(Licensee Name)

laws, and shall be responsible for, and shall indemnify, defend and hold harmless the City of Elk River and all of the City's officers, employees and agents from and against all claims, suits, liability, damages and losses, specifically including, but not limited to those for loss of use of property, for damage to any property, real or personal, for injury to or death of any person, and for all other liabilities whatsoever including related expenses and actual attorney fees in any way sustained by reason of the activities authorized by this license, permit or agreement in connection with the actions of

_____, its employees, agents or officers within the City of Elk River.

(Licensee Name)

The foregoing shall not be construed to be an agreement to indemnify the City of Elk River, its officers, agents or employees against liability for claims, suits, damages and losses to the extent that such claims, suits, damages and losses were caused by or resulting from the gross negligence or willful misconduct of the City of Elk River, its officers, employees or agents. This permit, license or agreement shall be construed in accordance with the laws of the State of Minnesota.

Signature

Date



Background Investigation Consent Release Information to be Used for Business License Processing

As a license applicant, I hereby authorize the Elk River Police Department to conduct a criminal history background investigation to include adult and juvenile records and also a search of my driver's license record, as well as any other searches deemed necessary in the determination of whether my business license application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.

I understand that data I have provided may be shared in whole, or in part, with other agencies within the criminal justice system, by other private and public entities, by other persons for the purpose of conducting a background investigation, and by all individuals in the city who need to know this information.

I release the City of Elk River, the Elk River Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Business Name: _____ Type of License Applied for: Mobile Food Unit
Applicant: _____
(First Name) (Full Middle Name) (Last Name)

List All Aliases/Previous Last Names: _____

Date of Birth: _____ A copy of your driver's license/state ID must be attached (front and back)

Driver's License/State ID#: _____ State Issued: _____

Residential Address: _____
(Address) (City) (State) (Zip)

List Complete Addresses of Any Prior Residence(s) in the Last 5 Years: *(attach additional sheets if necessary)*

Home Phone: _____ Business Phone: _____

Physical Appearance: Sex: _____ Race _____ Ht _____ Wgt _____ Eyes _____ Hair _____

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? Yes No
If yes, state jurisdiction, type of violation, and disposition: _____

These statements are true, correct, and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Applicant Signature: _____ Date: _____

Office Use Only

Background Investigation: Approved Denied

Comments: _____

Police Chief/designee: _____ Date: _____



Tennessee Warning Application for Business License

In connection with your request for a license the City of Elk River has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the city is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

By signing below, I acknowledge that I have read and understand the contents of this notice.

Signature of Applicant

Date

Printed Name of Applicant

Notice to all license applicants - proposed ordinances

The City of Elk River distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city's electronic notification system at the city's website at www.ElkRiverMN.gov. This would include getting notifications of any proposed ordinances at least ten days before the city council conducts a final vote on the proposed ordinance.

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
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County	Email address
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You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.