

## License Application: Indoor Food Cart

**Definition:** A non-motorized cart selling prepackaged or ready to eat foods. Carts may operate on private property.

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call 612-673-2080.

### 1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email ([businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov)), US mail, or drop it off at our office.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
  - Cash:** Drop off your application at our office.
  - Check:** Mail or drop off your application at our office.
  - Credit Card:** Mail, drop off or email your application to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. **Certified Food Protection Manager:** The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening.
  - Attach a copy of your Minnesota Department of Health certificate.
  - I currently do not have a Certified Food Protection Manager.
4. **Background Check:**
  - Attach a [Data Privacy Advisory](#) (Form #1): This is required for the applicant and each owner and/or partner. Include a copy of your driver's license and background report. This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#). No one can have a conviction in the last five (5) years **related to** operating a food business. This also can include food subsidy program or controlled substances violation.
5.  **Menu:** Attach a copy of the menu and/or list of food items for sale.
6. **Cart Plan:** Email a [Food Plan Review Form](#) to [development@minneapolismn.gov](mailto:development@minneapolismn.gov). There is a [fee](#) for this review. **This is a separate review and we cannot approve your license until it is completed.** If you have questions, call 612-673-3000 or email [development@minneapolismn.gov](mailto:development@minneapolismn.gov).

## 2. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
<b>Minnesota Sales Tax ID Number (Required)</b>	<b>Social Security or ITIN Number (Required)</b>		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

## 3. Business Information

License(s) Requested:

<input type="checkbox"/> Starting a new business in a new building. (New Business)	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
<input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Remodeling Only.

## 4. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone		
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

### 5. Company Operations

Interior	Exterior
Gross Square Footage for Business Use: _____	Gross Square Footage for Business Use: _____
Seating Capacity: _____ Fire Occupancy: _____	Seating Capacity: _____ Max Capacity: _____
Days and Hours of Operation:	Days and Hours of Operation:

Give us a brief description of your business.

**A. Entertainment: Check all categories of entertainment you are planning to provide at your business.**

- No Live Entertainment:** Radio, television, electronically reproduced music and jukebox.
- Limited Entertainment:** Literary readings, storytelling, live solo comedians, karaoke, amplified or nonamplified music by a disc jockey or any number of musicians, and group singing by patrons of the establishment. No patron dancing.
- General Entertainment:** All forms of entertainment described above and patron dancing. Describe:
- Adult Entertainment:** This includes persons who are unclothed or dressed in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude).

**B. Describe all of the entertainment you are planning to provide:**

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity?  Yes  No  
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager
---	--

Does this include adding/changing equipment that requires a gas or plumbing connection?  Yes  No

Explain the scope of the remodeling or construction.

## 6. Workers Compensation

Workers' Compensation Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Dates of Coverage \_\_\_\_\_

-----Or-----

I certify that I am not required to carry workers compensation insurance because  I am self-insured.  I am the sole proprietor and I have no employees.  I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

## 7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## 8. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. [Surveillance Cameras](#): Confectionary Stores, Gasoline Filling Stations, Grocery Stores, Off-Sale Liquor Stores, and Tobacco Dealers are required to have a surveillance camera operating in their stores during business hours.
4. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
5. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.



**City of Minneapolis  
Licenses and Consumer Services**

505 Fourth Ave. S., Room 220  
Minneapolis, MN 55415  
Telephone: 612-673-2080

[www.minneapolismn.gov/businesslicenses](http://www.minneapolismn.gov/businesslicenses)

**Data Privacy Advisory**

Complete the information below and attach the following:

- A copy of your driver’s license or state identification card
- Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

**Authorization for Release of Information**

**This Authorization for Release of Information will expire two years from the date you signed it.**

---

Last Name	First Name	Middle Name
-----------	------------	-------------

Also Known As: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_

- I have read and understand the above Data Privacy Advisory.
  - I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_