

City of Minneapolis Licenses and Consumer Services

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

www.minneapolismn.gov/businesslicenses

For Office Use Only

Expiration: April 1 AP: Food/CartSide MCO: 188

Adm Issuance: Yes

License Application: Sidewalk Food Cart

Definition: A non-motorized cart selling pre-packaged or ready to eat foods. Carts may operate on public sidewalks in select areas and locations but must be pre-approved prior to operating.

If you have questions, send an email to <u>businesslicenses@minneapolismn.gov</u> 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), 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: Do not mail cash, drop off in person. Check: Make checks payable to- Minneapolis Finance Department Credit Card: Mail, drop off or email your application to 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. There is a fee for this review. See a list of cart requirements (Form #2) on our website. 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.
7.	Site Plan: Attach a diagram of your proposed location. This must conform to the <u>Sidewalk Food Cart Site</u> <u>Plan Requirements</u> (Form #3).
8.	Letter of Consent (Form #4) Submit signed Consent Form. N/A.
9.	Certificate of Liability Insurance (Form #5) This must be submitted after approval of your Site Plan and Cart Plan. This must be furnished by your insurance agent. You are required to have general liability that includes \$100,000 per individual and \$300,000 per single incident and \$10,000 for property damage. The City of Minneapolis shall be named as an additional insured.

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2. Applicant information						
Legal Company Name	Business Name/DBA					
Name (Last, First, MI)	Owner Partner Food Cart Manager					
Kitchen Address	City	State	Zip Code			
Mailing Address (if different than business address)	City	State	Zip Code			
E-mail Address	Cell Phone Number	Business Telepho	ne Number			
Minnesota Sales Tax ID Number (Required)	Social Security Number or Indiv	ridual Tax ID (ITIN)	(Required)			
	Data of the control of	State of Land				
Type of Ownership: Corporation LLC Sole Proprietor Partnership Non-Profit	Date of Incorporation	State of Inco	rporation			
Is this business publicly traded? Yes No	Proposed Starting Date:					
3. Business i	nformation					
Starting a new food cart business. (New Business) Adding a new license to an existing business. (New License) Taking over an existing business. (New Owner) Name of existing food cart:						
4. Ow	 ners					
List all owners and partners. Ownership must add up to	100%. Attach additional sh	neets if necessar	γ.			
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 %				

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Full Name: Last, First, Middle		Tel			elephone	
Home Address		City		State	Zip	
Title		Date of Birth		Ownershi	p %	
5. Comp	any op	erations				
Locations of Food Cart (up to 3 per cart) Days and hours of operation at locations					ations	
1.						
2.						
3.						
Give us a description of the food and drinks you will be selling from your cart						
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.						
6. Workers compensation						
Workers' Compensation Company P	olicy		Dates o	f Coverage		
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.						

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7. Verification	ı
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 <u>Terms and Conditions</u> 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 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.	

8. Additional information

Signature of Applicant ______ Title _____ Date __

- 1. No license will be issued for longer than one year.
- 2. You cannot transfer your license to any other person or location.
- 3. You must notify the City of any changes to your menu or food cart.
- 4. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

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Complete the information below and attach the following:

City of Minneapolis Licenses and Consumer Services

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

www.minneapolismn.gov/businesslicenses

Data Privacy Advisory

	telephone numbers.
The Minnesota Data Practices Act requires us to tell you th	e following information:
As an applicant for a Minneapolis business license, we ask this to check driving history, criminal history, arrest records	·
You are not legally required to provide this information. If approve your application.	you do not, we cannot complete our investigation or
The information you provide is public and will be used Inspection Unit, the Minneapolis Division of Licenses and and the general public.	•
This Authorization for Release of Information will e Last Name First Name	expire two years from the date you signed it. Middle Name
Also Known As:	Date of Birth:
Title:	_
I have read and understand the above Data Privacy Adv I have read and agree to the <u>Terms and Conditions</u> for each typing your name, you are electronically signing this for	electronic signatures.
	Date:

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Some Highlights of Sidewalk Food Cart Requirements

- 1. Propane is the standard and permitted method of providing a heating and cooling source for your sidewalk food cart.
- 2. The dimensions of the cart cannot exceed eight (8) feet in height, eight (8) feet in length, and four (4) feet in width. Carts may be equipped with an umbrella or awning which may overhang by a minimum of 12 inches in any direction.
- 3. Carts must be capable of being moved by one person.
- 4. Carts can only operate between 6:00 a.m. to 12:00 a.m. but if you are located 300 feet from a residence, it's 7:00 a.m. to 11:00 p.m.
- 5. Every license holder shall maintain a permanent location within the City of Minneapolis for storage, preparation, cleaning and servicing. The permanent location must be a licensed food facility. The sidewalk food cart must return to the permanent location at least once daily for cleaning.
- 6. The following is a general list of approved foods allowed to be sold by sidewalk food cart vendors. All food and beverage items must be approved prior to selling.
 - a) Pre-wrapped or packaged non-hazardous foods: (popcorn, candy, canned/bottled beverages, cookies, tortilla chips, packaged ice cream)
 - b) Precooked ready to eat sausages, wieners, polish sausages, cooked bratwurst, frankfurters
 - c) Hot holding of precooked food produced at a Licensed Food Service Establishment
 - d) Hand dipped ice cream
 - e) Hot/cold beverages (coffee, tea, soda, water)
 - f) Other foods may be approved by the Minneapolis Health Department. Contact your Minneapolis Health Inspector at 311 or 612-673-3000.
- 7. The sidewalk food cart shall meet all requirements needed to obtain permits from the City of Minneapolis and the State of Minnesota.
- 8. Licenses are not transferable to any other cart or location.
- 9. Each licensed food cart may operate up to (3) locations.
- 10. No location currently approved and in use, will be available for selection or approval.
- 11. For additional information, see the Minneapolis Code of Ordinances, Chapter 188.510.

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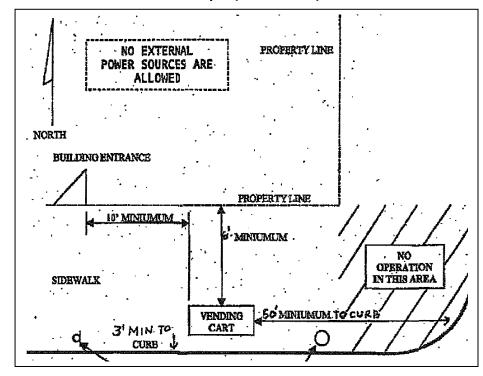
Sidewalk Food Cart Site Plan Requirements

- 1. Sidewalk food carts are only allowed to operate at pre-approved locations throughout Minneapolis as defined in Minneapolis Code of Ordinances Chapter 188.510(5).
- 2. Sidewalk food cart must maintain no less than four (4) feet clearance around the cart that is free from any obstructions and that poses a hazard to public safety, vehicles or pedestrian.
- Sidewalk food carts cannot be located
 - a. adjacent to a bus stop, taxi stand, or accessible transfer zone
 - b. within 50 feet of an intersection or within three feet of a curb
 - c. directly in front of a commercial entryway.
 - d. within 200 feet of a park or school without written permission
 - e. within 100 feet of a restaurant or sidewalk café with street access without written permission

Site Plan Requirements

- 1. Draw a site plan to scale showing the sidewalk food cart location in relation to fixed elements on the sidewalk. This must be submitted on 8 ½" x 11" paper. Include DBA, vending site address and the name and telephone number of the contact person.
- 2. Label street names and the location where the sidewalk food cart will be parked.
- 3. Include measurements of the distance from the site to:
 - a. sidewalk intersection
 - b. adjacent property line
 - c. disabled parking and/or access ramp
 - d. building entrance
 - e. news racks
 - f. parking meters
 - g. street lights
 - h. signposts
 - i. light poles
 - i. bike stands
 - k. trees
 - fire hydrants
 - m. planters
 - n. bus shelters
 - o. other fixtures

Site Plan Example (not to scale)



All drawings, thumb drives and photographs are non-returnable.

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Food Cart Consent Letter

I authorize	to park a food cart-	
(cart owner)		
Park within 100 feet of my restaurant	located at	
<u> </u>	(name of restaurant)	(address)
Park within 200 feet of our school	located at	
Park within 200 feet of our school	(name of school)	(address)
Park indoors at		
Park indoors at	address and location)	
This consent will be concurrent with the this consent will be null and void. The with all applicable sections of the Minibe revoked.	food cart owner and operator	are required to comply
Property Owner	Food Cart Owner	
Name	Name	
Title	 Signature	
Signature	Phone Number	
Phone Number	 Date	
Date		

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City of Minneapolis Requirements for Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc. or LLC), Trade Name (DBA), and address of premises.

City of Minneapolis as certificate holder and additional insured

Original signature or stamp of agent.

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVELY O	OR NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTEND OR A	LTER THE	COVERAGE AFFORDE	D BY T	HE POLICIES
IMPORTANT: If the certificate holder terms and conditions of the policy, certificate holder in lieu of such endo	certain po	olicies may require an en					
PRODUCER	<u>`</u>	•	CONTACT NAME:				
Agency			PHONE		FAX	1-1-	
Address			(A/C, No, Ext): (A/C, No):				
City, State, Zip			ADDRESS:				T
ony, otato, zip				INSURER(S) AFF	FORDING COVERAGE		NAIC#
			INSURER A:				
INSURED			INSURER B :	·			
			INSURER C:				
			INSURER D :				
			INSURER E :	• • • • • • • • • • • • • • • • • • • •			
							<u> </u>
COVERAGES CEI	DTIEICAT	E AIIIMDED.	INSURER F:		DEVISION NUMBER		4
THIS IS TO CERTIFY THAT THE POLICIE		E NUMBER:	WE DEEN LOOUED	TO THE INC.	REVISION NUMBER		OLIOV PERIOR
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIREM PERTAIN POLICIES	ENT, TERM OR CONDITION , THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAVE	OF ANY CONTRA DED BY THE POLICE BEEN REDUCED P	CT OR OTHE CIES DESCRI Y PAID CLAID	ER DOCUMENT WITH RES BED HEREIN IS SUBJECT	SPECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUB INSR WVI	POLICY NUMBER	POLIC (MM/DD/Y)	POLICY (MM/DD/)	u LI	MITS	
GENERAL LIABILITY					EACH CURRENCE	\$	
COMMERCIAL GENERAL LIABILITY		•			TO RENTED SES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$	
0000K							
	.				PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AG		
POLICY PRO- JECT LOC			\geq			\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per persor) \$	
ALL OWNED CHEDULED AUTOS					BODILY INJURY (Per accide	nt) \$	
HIRED AUTOS					PROPERTY DAMAGE	\$	
TIIKED AUTOS					(Per accident)	\$	
UMBRELLA LIAB		1					
		,			EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION\$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OT TORY LIMITS E	H-	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOY	EE \$	
If yes, describe under					E.L. DISEASE - POLICY LIM		
DESCRIPTION OF OPERATIONS below					E.E. DIOLAGE -1 OLIGI EIWI	. 1 4	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule, if more space	is required)			
DESCRIPTION OF OPERATION PROVISIONS:					NDORSEMENT/SPE	CIAL	
CERTIFICATE HOLDER			CANCELLATION	1			
Additional Insured: City of Minneapolis – Licenses and Consumer Services			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
505 Fourth Ave S., Room 220							
Minneapolis, MN 55415			AUTHORIZED REPRESENTATIVE				

Applications will be returned if requirements are not complete.

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