

Mobile Food Unit Reciprocity License Application



Environmental Health Division
2785 White Bear Ave N, Suite 350
Maplewood, MN 55109-1320
Phone: 651.266.1199 | Fax: 651.266.1177

- This application must be accompanied with the license fee. **The fee is \$85.**
- If licensed as a Retail Mobile Food Handler by the Minnesota Department of Agriculture, an additional license from Ramsey County is not required.
- This application is for Mobile Food Units that have completed plan review at a different licensing agency (Minnesota Department of Health, City of Minneapolis, etc.), hold a current license with that agency, and have a licensed and inspected commissary kitchen to use for support facilities.
- **Note:** Check with the city you intend to operate in to verify approved locations for operation. Some city zoning regulations prohibit mobile food service in certain areas, and some cities require peddler's permits or other mobile sales credentials to allow for operation.

Mobile Food Unit Information

Licensee Person-in-Charge:
Business Name:
Licensee Address:
Licensee Phone Number:
Current Licensing Agency:
Current Food License Number:
Date Plan Review Completed:
Vehicle License Plate Number:

Licensee Email Address:

Commissary Kitchen/Support Facilities Information

Responsible Person:
Commissary Kitchen: (Name and Address)
Licensing Agency:
License Number:
Description of Food/Beverages to be served (may attach a menu instead):

Planned Dates and Locations of Operation for the next ten events

Date	Time	Event and Address of Operation

By making this application for a license to operate a mobile food unit with an existing license, I agree to comply with the requirements of the Ramsey County Food Protection Ordinance and Minnesota Food Code (Rule 4626). I also agree to make my mobile food unit available for inspection as required by Ramsey County to verify compliance with the applicable requirements.

Signature: _____

Print Name: _____

Date: _____

FOR OFFICE USE ONLY:

Date Received: ____ / ____ / ____ License Category: ____ License Fee \$ _____

Certified Managers Certificate: Yes No Not Required Risk Category: H M L

Sanitarian Initials / Date: _____ / _____ Mail or Deliver

Receipt # _____ Amount Paid: \$ _____ Check # _____

Account # _____ Invoice # PHCS- _____ Work Comp Info Complete Yes No

Date Payment Posted _____ Deposit ID # _____ Entered by (initials): _____

Certificate of Compliance for an Initial License

MINNESOTA DEPARTMENT OF REVENUE (MDOR) INFORMATION: Under Minnesota law (MS §270C.72 s 4 Licensing Authority: duties) which states “All licensing authorities must require the applicant to provide the applicant’s Social Security number and Minnesota business identification number 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, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.” The Minnesota Business Identification Number is also referred to as the Minnesota Tax Identification Number by MDOR.

Business Name:
Business Address:
Business Owner Name:
Business Owner’s Address:

Minnesota Tax Identification Number:

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Business Owner’s Social Security Number (SSN):

If using SSN instead of Minnesota Tax ID Number, please call 651-266-1199 to provide information securely over the phone.

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 (FEIN): In order for the Department to create a customer number for your business within the County’s Finance department’s records, you are required to provide your FEIN in the boxes below:

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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 the 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. Furthermore, 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	Dates of Coverage: From: To:
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<p>OR, I certify that I am not required to carry workers’ compensation insurance because (check one):</p> <p>1) I am the sole proprietor and have no employees</p> <p>2) I am self-insured (you must include a copy of the permit to self-insure).</p> <p>3) I have no employees who are covered by workers' compensation law.</p> <p style="padding-left: 20px;">(Exempt employees include: spouse, parents, and children-all other employees must be covered.)</p>

CERTIFICATION: I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and Ramsey County. I understand that failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

Applicant’s Printed Name:	Applicant’s Title:		
Applicant’s Signature:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Telephone Number:</td> <td style="width: 40%; padding: 5px;">Date:</td> </tr> </table>	Telephone Number:	Date:
Telephone Number:	Date:		