

2024 Mobile Food Unit Reciprocity Application

Licenses are valid from February 1, 2024 – January 31, 2025.

This application is for Mobile Food Units currently licensed by another agency within Hennepin County or by the MDH.

HENNEPIN COUNTY LICENSING JURISDICTION FOR MOBILE FOOD UNITS

Brooklyn Center	Greenfield	Medina	Rockford (Part Only)
Champlin	Hanover	Metro Airport	Rogers
Chanhassen (Part Only)	Hassan	Minnetonka Beach	St. Anthony (Part Only)
Corcoran	Hopkins	Minnetrista	St. Bonifacius
Crystal	Independence	Mound	St. Louis Park
Dayton	Long Lake	New Hope	Shorewood
Deephaven	Loretto	Orono	Spring Park
Eden Prairie	Maple Grove	Osseo	Tonka Bay
Excelsior	Maple Plain	Plymouth	Woodland
Golden Valley	Medicine Lake	Robbinsdale	

Applicant Information: Please print legibly

	1 5 5
Mobile Food Unit Name:	
Owner / Business Name:	
Mailing Address:	
City / State / Zip:	
E-mail(s):	
Phone(s):	
Certified Food Manager:	
Current License Informatio	on:

Licensing Agency:

MDH				
Bloomington Brooklyn Park Edina Minneapolis Minnetonka	Richfield	Wayzata		
List of Hennepin County Events: (starting February 1, 2024 - January 31, 2025)				
Location:	Dates:	Start Time:		
PAYMENT DUE WITH APPLICATION				

WARNING: If license is Sold on Site, the fee will be \$196.00 for the first day and \$31.00 for each additional day.

		Annual License Fee: \$190.	.00
Please make che	ecks payable to: Hennepin County Treasurer	Check	
In person:	(address below)	✓	
Via US Mail:	Hennepin County Environmental Health 479 Prairie Center Drive Eden Prairie, MN 55344	✓	

2024 Mobile Food Unit Application - December 2023

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MENU: List <u>ALL</u> items on your menu, INCLUDING food,	beverages, cond	liments, etc.	
Are any menu items being prepared offsite?	Yes	No (check one)	
If yes, list items:			

**Any menu or equipment changes must be approved by the Health Authority throughout the license year.

Hot Foods:	Purchased from:	Preparation Location:	Equipment Used to Prepare Food:	Equipment Used to Keep Food Hot:
Cold Foods, Beverages,	Purchased from:	Preparation	Equipment Used to	Equipment Used to
Condiments, etc.:		Location:	Prepare Food:	Keep Food Cold:
Condiments, etc.:			Prepare Food:	
Condiments, etc.:			Prepare Food:	
Condiments, etc.:			Prepare Food:	
Condiments, etc.:			Prepare Food:	

Supporting	Documents Required:
Provide	a copy of your current annual mobile food license from an approved agency
Provide	a copy of your Certified Food Protection Manager certificate
Provide	a full menu in the table above or attach an additional page to this application
Provide	a commissary use approval documentation if applicable, e.g.: lease agreement
Include	worker's comp / tax identification form
Further docu	mentation may be requested by the Health Authority

Applicant Signature

Print Applicant Name

Daytime Phone No.

Date Signed

Cell or Evening Phone No.

FAX Number

Mobile Food Unit - Worker's Comp/Tax Form

Pursuant to Minnesota Statute 270.72, Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant. Under the Minnesota Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the information described above:

- 1. This information may be used to revoke, 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 to the Minnesota Department of Revenue. In addition, 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 issuance of you license or the processing of your application for renewal or transfer.

Pursuant to Minnesota Statute 176.182, the licensing authority is required to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of MSS, Chapter 176. The information required is: the name of insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their file. This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

	PERSC	ONAL INFORMATION	NC	
APPLICANT'S NAME (LAST, FIRST, M.I.)				
APPLICANT'S STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
	ESTABLIS	SHMENT INFORM	ATION	
NAME OF ESTABLISHMENT		Ľ	DBA (IF DIFFERENT)
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
CONTACT NAME		TITLE		PHONE NUMBER
	TA	X INFORMATION		
MINNESOTA TAX IDENTIFICATION NUM	BER	FEDERA	L TAX IDENTIFICAT	TION NUMBER
IF A MINNESOTA TAX IDENTIFICATION N	IUMBER IS NOT REC	QUIRED, PLEASE	EXPLAIN BELOW.	
W	ORKER'S COMPENS	SATION INSURAN	CE INFORMATION	
WORKERS COMPENSATION INSURANCE CO	OMPANY NAME (INSUI	RANCE COMPANY N	NAME - NOT AGENT)	POLICY NUMBER
DATES OF COVERAGE: STAR	TING DATE:		THROUGH (END	ING DATE)
		OR		
I certify that I am not required to carry worke	er's compensation ins	urance because (cl	neck one):	
I am sole proprietor and I have I	NO employees.			
I am self insured. (include perm	it to self-insure)			
are not covered by the worker's employees of a family farm that is controllable by the employer	compensation law.) spent less than \$8,0 must be covered.	These include: Spo 00 for farm labor in	use, Parents, Childr the previous calend	ho are specifically exempted by statute en regardless of age and farm labor ar year. All other workers whose work
I certify that the information provided is accurrequired by law.	rate and complete ar	nd that a valid worke	er's compensation po	blicy will be kept in effect at all times as
SIGNATURE		TITLE		DATE

HENNEPIN COUNTY

PUBLIC HEALTH

Servicing Area Agreement

THIS AGREEMENT MUST BE COMPLETED AND SUBMITTED BY ALL TRANSIENT* FOOD VENDORS WHOS OPERATION REQUIRES A SERVICING KITCHEN OR WHOS COMMISSARY OPERATIONS ARE OUTSIDE OF HENNEPIN COUNTY JURISDICTION. SEE PROVIDED MAP.

*Sec. 157.16 MN Statutes

Establishment Information

Please provide the name of your Mobile Food Unit, Food Cart. Or Seasonal Temporary Food Stand.

Establishment Name	Address	City, State, Zip code
Brimany Contact	Phone and Email	Food License #
Primary Contact	Phone and Email	Food License #

Support services

Please select the services that will take place at the servicing area.

- $\hfill\square$ Vehicle and Equipment cleaning
- □ Emptying liquid or solid waste
- □ Refilling water tanks or ice bins
- □ Loading/Storage of food
- □ Cleaning and sanitizing of utensils and/or equipment
- Other (describe)_____

Servicing area information

Please provide information for the facility to be used as the servicing area.

Licensed Facility Name	Address	City, State, Zip code
Phone	Email	License Agency and #

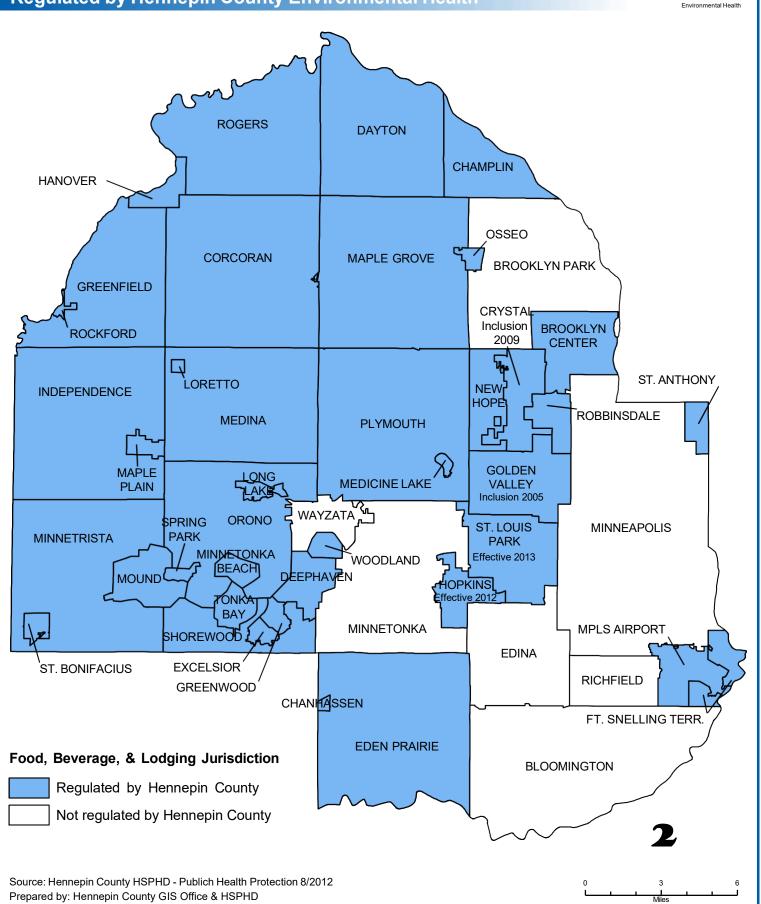
Authoriza�on	
I authorize	to use my licensed facility as a servicing area.

Servicing area owner/operator signature	Date
Sign:	
Print:	



Food, Beverage, & Lodging Jurisdiction

Regulated by Hennepin County Environmental Health



Hennepin County

Public Health Protection

Human Services and Public Health Department