



**Hennepin County Public Health**  
 Epidemiology and Environmental Health  
 479 Prairie Center Drive  
 Eden Prairie, MN 55344  
 (612) 543-5200

**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 <b>(Part Only)</b>
Champlin	Hanover	Metro Airport	Rogers
Chanhassen <b>(Part Only)</b>	Hassan	Minnetonka Beach	St. Anthony <b>(Part Only)</b>
Corcoran	Hopkins	Minnetrasta	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	

<b>Applicant Information:</b> <i>Please print legibly</i>
Mobile Food Unit Name:
Owner / Business Name:
Mailing Address:
City / State / Zip:
E-mail(s):
Phone(s):
Certified Food Manager:
<b>Current License Information:</b>

Licensing Agency:

- MDH  
 Bloomington  
  Brooklyn Park  
  Edina  
  Minneapolis  
  Minnetonka  
  Richfield  
  Wayzata

<b>List of Hennepin County Events: (starting February 1, 2024 - January 31, 2025)</b>		
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 checks payable to: <b>Hennepin County Treasurer</b>		<b>Check</b>
<b>In person:</b>	(address below)	✓
<b>Via US Mail:</b>	Hennepin County Environmental Health 479 Prairie Center Drive Eden Prairie, MN 55344	✓

**MENU:** List **ALL** items on your menu, INCLUDING food, beverages, condiments, 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, Condiments, etc.:	Purchased from:	Preparation Location:	Equipment Used to Prepare Food:	Equipment Used to Keep Food Cold:

**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 documentation may be requested by the Health Authority

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Daytime Phone No.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
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 your 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.

**PERSONAL INFORMATION**

APPLICANT'S NAME (LAST, FIRST, M.I.)				
APPLICANT'S STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER

**ESTABLISHMENT INFORMATION**

NAME OF ESTABLISHMENT		DBA (IF DIFFERENT)		
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
CONTACT NAME	TITLE		PHONE NUMBER	

**TAX INFORMATION**

MINNESOTA TAX IDENTIFICATION NUMBER	FEDERAL TAX IDENTIFICATION NUMBER
IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED, PLEASE EXPLAIN BELOW.	

**WORKER'S COMPENSATION INSURANCE INFORMATION**

WORKERS COMPENSATION INSURANCE COMPANY NAME (INSURANCE COMPANY NAME - NOT AGENT)	POLICY NUMBER
DATES OF COVERAGE:	STARTING DATE: THROUGH (ENDING DATE)

**OR**

I certify that I am not required to carry worker's compensation insurance because (check one):

- I am sole proprietor and I have **NO** employees.
- I am self insured. (include permit to self-insure)
- I have no employees who are covered by the worker's compensation law (Only employees who are specifically exempted by statute are not covered by the worker's compensation law.) These include: Spouse, Parents, Children regardless of age and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.

I certify that the information provided is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.

SIGNATURE	TITLE	DATE
-----------	-------	------