



City of Maplewood
 Office of the City Clerk
 1830 County Road B East | Maplewood, MN 55109
 651-249-2005 | 651-249-2957 (fax)
www.MaplewoodMN.gov
 Licensing@MaplewoodMN.gov

Approved By:
 City Manager
 City Planner
 Fire Marshall
 Health Officer
 Fee Paid: _____
 Receipt #: _____

MOBILE FOOD UNIT

MAY 1 THROUGH APRIL 30, ANNUALLY

Guidance relating to Mobile Food Units is contained in the Maplewood City Code, Chapter 14, Article VI (Food and Food Handlers). All license holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.

LICENSE APPLICATION CHECKLIST:

To prevent delay, please ensure the following information is submitted.
 Incomplete applications are not accepted and will be returned immediately.

- Mobile Food Unit license application
- License Fee (see Fee Schedule for details)
- Copy of Certified Food Manager's Certificate, issued from the MN Department of Health
- Certificate of Insurance naming the City of Maplewood as the Certificate Holder in the amounts of coverage as follows:
 - \$300,000 General Liability
 - \$100,000 Property Damage
- If applicable:
 - Mobile Food Unit – Notification of Activity Form
 - Copy of MDH Mobile Food Unit License

Applicant Information (individual who executes and signs this application)

Name of Applicant _____ Job Title _____

Address _____

Phone Number (_____) _____ E-mail Address _____

Business Owner Information:

Name of Owner _____

Address _____

Phone Number (_____) _____ E-mail Address _____

Owner is a: Natural Person Partnership Corporation Foreign Corporation

Business Information:

Name of Business _____ DBA _____

Principal Base of Business Address _____

Phone Number (_____) _____ Number of Vehicles to be Licensed _____

Do you currently hold a Mobile Food License, issued by the MN Department of Health? Yes No

If yes, please provide a copy of this license with your application

Certified Food Protection Manager (CFPM) Information:

Name of CFPM _____

Certificate Number FM-_____ Expiration Date _____

Renewal notice should be mailed to: _____

Attn: _____

Tax Identification Information:

Please provide the following:

Federal Tax ID _____

MN State Tax ID _____ OR

SSN _____ - _____ - _____

MN §270C.72 requires the licensing authority to, upon request, provide to the Minnesota Commissioner of Revenue the business identification number or social security number of each license applicant.

Workers' Compensation Coverage:

I carry Workers' Compensation Insurance

Insurance Company Name: _____

Policy Number: _____

Effective Date: _____ Expiration Date: _____

I am Self-Insured (attach a copy of the permit to self-insure)

I am not required to have workers' compensation liability coverage

MN §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 MN §176.181, Subd.2. Upon request, the information will be furnished to the Department of Labor and Industry.

The data in this application will be used to approve your license and shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I will familiarize myself with the provisions of the Maplewood City Code, and with applicable Minnesota Statutes and federal regulations. This business will be conducted in compliance with the above regulations, statutes and ordinances, and it is understood that failure to do so may constitute grounds for denial, suspension or revocation of this license.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Applicant Signature _____ Date _____

Mobile Food Unit Fee Schedule	
<input type="checkbox"/> Potentially Hazardous Food Unit	\$181.00 First Vehicle \$89.00 Each Additional Vehicle \$520.00 Fleet of 6+ Vehicles
<input type="checkbox"/> Non-Perishable Food Unit	\$76.00 First Vehicle \$46.00 Each Additional Vehicle \$176.00 Fleet of 6+ Vehicles