



City of Albertville  
5959 Main Avenue NE, P.O. Box 9  
Albertville, MN 55313  
763.497.3384  
Fax 763.497.3210  
[www.ci.albertville.mn.us](http://www.ci.albertville.mn.us)

## MOBILE FOOD UNIT (MFU) LICENSE APPLICATION

Cost: \$75

**All applicants must apply in person and present photo identification.**

### I. APPLICANT INFORMATION

Business Name: \_\_\_\_\_  
Applicant's Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Is this your permanent address?**  Yes  No If no, please provide permanent address:  
Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### II. FOOD AND LOCATION

Describe the food that will be sold:  
\_\_\_\_\_  
\_\_\_\_\_

Are you licensed by the MN Health Department?  Yes  No **Please provide copy of license.**

List the address and describe location(s) where food will be sold:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***The applicant has my permission to sell on my property:***

\_\_\_\_\_  
Property Owner Printed Name                      Property Owner Signature                      Date

**Please provide demonstrate that you are 200 feet from any restaurant or coffee shop.**

Vehicle description:  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_

### III. HOURS AND DURATION OF SALES

**Mobile food unit operations shall be prohibited between the hours of 10:00 p.m. and 8:00 a.m.**

List the dates you will be selling:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. CRIMINAL BACKGROUND**

Have you ever been convicted of a crime, misdemeanor, or violation of any ordinances related to this type of business? If so, provide details, location(s), and date(s):

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**\*\*All ice cream vendors are required to undergo a criminal background investigation and complete the background consent form.\*\***

**V. PREVIOUS LICENSES HELD**

Please list the last municipalities, including state and dates worked, where you have conducted this business:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**VI. APPLICANT OATH**

I hereby state:

- The answers and statements given by me are true and accurate to the best of my knowledge and belief.
- I understand that providing false information in this application may result in denial of a license.

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

\_\_\_\_\_  
Date

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**DEFINITIONS:**

**MOBILE FOOD UNIT:** A food and beverage service establishment that is a vehicle mounted unit, such as:

- (1) Motorized or trailered, operating no more than twenty-one (21) days annually at any one place, or operating more than twenty-one (21) days annually at any one place with the approval of the regulatory authority as defined in Minnesota Rules, part 4626.0020, subpart 70; and a self-contained unit, in which food is stored, cooked, and prepared for direct sale to the consumer.
- (2) Operated in conjunction with a permanent business licensed under Chapter 157 or Chapter 128A of the Minnesota State Statutes at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location; and a self-contained unit, in which food is stored, cooked, and prepared for direct sale to the consumer.
- (3) Food Cart: A food and beverage service establishment that is a non-motorized vehicle self-propelled by the operator.
- (4) Ice Cream Truck: A motor vehicle utilized as the point of retail sales of pre-wrapped or pre-packaged ice cream, frozen yogurt, frozen custard, flavored frozen water, or similar frozen dessert products.



## MOBILE FOOD UNIT (MFU) REGULATIONS

Mobile food units (MFUs) and food carts are required to meet the additional following standards:

1. MFU's must be licensed by the Minnesota Health Department, and must adhere to State regulations for food trucks as provided in Food Code Chapter 4626.1860 Mobile Food Establishments; Seasonal Temporary Food Stands; Seasonal Permanent Food Stands. Evidence of the State license must be provided to the City as part of the local license application.
2. MFU sites shall be kept in a neat and orderly manner, and shall adhere to the following site requirements:
  - a. Trash and/or recycling collection and cleanup must be provided.
  - b. MFU's must provide independent power supply which is screened from view. Generators are permitted.
  - c. MFU's may not maintain or use outside sound amplifying equipment, televisions or other similar visual entertainment devices, lights or noisemakers such as bells, horns or whistles. Ice cream trucks traveling through a residential district may have outdoor music or noise-making devices to announce their presence.
  - d. MFU's cannot obstruct the movement of pedestrians or vehicles or pose a hazard to public safety.
  - e. MFU's shall be located on an asphalt or concrete surface.
  - f. MFU's may not be located within 200 feet of existing restaurants or coffee shops, as measured from the MFU to the food service building.
  - g. MFU's must close during adverse weather conditions when shelter is not provided.
3. MFU's may only operate in the business, industrial, and public/institutional districts. Ice cream truck vendors may operate in all zoning districts.
4. MFU's must be located on private property, and the applicant must provide written consent from the property owner. However, MFUs may be located in a public park with approval from the City, and ice cream trucks are allowed to operate within the public right-of-way in residential districts.
5. Ice cream truck vendors are required to undergo a criminal background check prior to operating in the community, at the cost of the applicant.
6. If MFU sites are found to be in non-compliance with any conditions as provided in Chapter 4 of the City Code, the City reserves the right to revoke the MFU transient merchant license.
7. It shall be unlawful for any transient merchant to sell or offer for sale any goods, wares, or merchandise on any public lands or public right-of-way within the City.
8. The space used by the transient merchant, including off street parking in connection therewith, shall not exceed the space needed for the existing business at the site, and in any case, the merchandise displayed shall not occupy more than one hundred (100) square feet.
9. No overnight storage of transient merchant equipment or merchandise shall be permitted.
10. No signage shall violate the provisions of the City Code relating to size and number of business signs.





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### BACKGROUND INVESTIGATION CONSENT FORM

Date: \_\_\_\_\_

**APPLICATION TYPE:**

- Massage Therapy – Individual
- Massage Therapy – Business
- Liquor License
- Mobile Food Truck  
(Ice Cream Vendor)

Last Name, First Name, Middle Name (full) of Applicant (please print):

\_\_\_\_\_

Maiden, Alias or Former (please print):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_  
Month/Day/Year

Social Security Number : \_\_\_\_\_

The undersigned, having filed an application with the City of Albertville for a business license, realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application does hereby authorize and request the **Wright County Sheriff's Office, Minnesota Bureau of Criminal Apprehension, and every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records, or other information pertaining to me to furnish the original or copies of such documents, records and other information to the City** or any of its representatives to inspect and make copies of any such documents, records, and other information; I further authorize any such persons to answer any inquiries, questions, or interrogations concerning the undersigned, which may be submitted to them by the City or its authorized representative, I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

*I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records, and other information.*

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

\_\_\_\_\_  
Date

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Signature of Notary Public



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## TENNESSEN WARNING

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In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City.
2. You are not legally obligated to supply the requested information and may refuse to provide some or all of the requested information.
3. The known consequence of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequence of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Some of the information you provide will be released to the Minnesota Department of Revenue. Other governmental agencies necessary to process your application are authorized by law to receive the information provided. The City may also release the information provided if required by Court order, or if authorized by other state or federal law.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and is in agreement of the Tennessee Warning and its application.

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Signature of Applicant

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Date



## BUSINESS TAX IDENTIFICATION INFORMATION

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Pursuant to Minnesota Statute 270C.72, the agency issuing you this license 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 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, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; and
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service; and
- Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Licensing Authority: City of Albertville

### VII. LICENSE INFORMATION

Name of license being applied for: \_\_\_\_\_

License application or renewal date: \_\_\_\_\_

### VIII. PERSONAL INFORMATION

Applicant's Name (Last, first, middle initial): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### IX. BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Minnesota Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Certificate of Compliance Minnesota Workers' Compensation Law

***THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT***

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 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 Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)

CITY STATE ZIP CODE

COUNTY

EMAIL ADDRESS

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

### **NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent)

NAIC Number

POLICY NO.

EFFECTIVE DATE

EXPIRATION DATE

### **NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_
- Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

**PRINT NAME**

APPLICANT SIGNATURE (required)

TITLE

DATE