



## MOBILE FOOD UNIT LICENSE NEW & RENEWAL APPLICATION

[Rochester Code of Ordinances Chapter 5-21](#) applies to Mobile Food Units on Public Streets. A license from the City is required to operate a mobile food unit anywhere in the City of Rochester.

Licenses must be renewed annually, with the license period running from April 1 through March 31 each year. The current annual license fee is set at \$200 per vehicle per year.

Information about Olmsted County Public Health licensing of Mobile Food Units is available at <https://www.co.olmsted.mn.us/OCPHS/programs/food/foodservesinquiries/Pages/TemporarySeasonalFoodStands.aspx>

If applying by paper application, return all pages of this form with other required documents.

Instead of sending in this form, applications can be submitted online through the Accela Citizen Access portal at:

[www.rochestermn.gov/citizenaccess](http://www.rochestermn.gov/citizenaccess)

### INSTRUCTIONS:

**Register Public User Account (video):** <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310>

**Applying for a New License or Permit (PDF):**

<https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117>

CHECKLIST OF MATERIALS REQUIRED FOR LICENSE APPROVAL	
Staff Initials	
	1. <input type="checkbox"/> License Application Completed
	2. <input type="checkbox"/> \$200 Annual License fee per vehicle/unit, Total number of vehicles: _____ <i>Late fees apply to license renewals not submitted in a timely manner.</i> <input type="checkbox"/> Application submitted less than 30 days before expiration = 20% late fee <input type="checkbox"/> Application submitted not before expiration = 50% late fee
	3. <input type="checkbox"/> Certificate of insurance showing liability, food products liability, and property damage insurance that will protect the applicant, property owners, and the City from all claims for damage to property or bodily injury, including death, which may arise from the applicant's operation of a Mobile Food Unit, providing coverage of not less than \$1million per occurrence. (The policy shall further provide that it may not be modified, cancelled, or terminated except upon 30 days' written notice filed with the City Clerk.)
	4. <input type="checkbox"/> Initial (subsequently minimum of annual) inspection reports for each vehicle by certified mechanic – Addendum A
	5. <input type="checkbox"/> Proof of an approved current Transient Food Service Plan Review Application with Olmsted County and copies of all licenses or permits required by Olmsted County Public Health
	6. <input type="checkbox"/> Signed statement that the Applicant will defend, indemnify, and hold the City harmless from any and all claims for damage to property or injury to persons which might result or arise out of the Applicant's operation of a Mobile Food Unit as permitted by this chapter
	7. <input type="checkbox"/> Evidence of Workers' Compensation insurance, or certification it is not required

	8. <input type="checkbox"/> Completed Vehicle Inspections by the Rochester Fire Department
	9. <input type="checkbox"/> Vehicle Identification Tag Issued by Clerk's Office

**Fill in all blanks. Write N/A if a question is not applicable.**

Is this a renewal of an existing or previous license with the City of Rochester?  YES  NO

**STEP 1. APPLICANT INFORMATION**

1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
7. Email Address			
8. Mailing Address		9. City	10. State
		11. Zip Code	
12. Please send official notices relating to this license to:  <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Business Address		13. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	

**Information about primary point of contact for this license (if different than above)**

14. First Name		15. Last Name	
16. Primary Telephone Number	17. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	18. Alternate Phone Number	19. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
20. Email Address		21. Role of primary contact: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	

**License Holder Information**

**Provide information about who this license will be issued to**

22. Business Federal Tax ID Number		23. Business State Tax ID Number	
24. Entity license will be issued to (Legal Corporate Name of Business including LLC, Inc., Co., etc., or, <i>only if sole proprietor</i> , name of individual)		25. Business Trade Name (DBA) if different than legal name	
26. Business Address		27. City	28. State
		29. Zip Code	

**STEP 2. LICENSE DETAILS**

**License Information**

30. Type of Ownership <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non-profit	31. Date of Incorporation	32. State of Incorporation
33. Will any one other than the primary contact person be operating the mobile food unit on City streets?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please answer question 34 below. If no, please skip to question 35.			

34. If so, please indicate the names and contact information (phone and email) for anyone other than the primary contact person who will be responsible for responding immediately to any issues during the course of operations:

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**Business Information**

35. Provide the name and address of the commercial supply source and affiliated licensed food establishment in the City of Rochester being used for food preparation. If there is no affiliated licensed food establishment owned by the applicant, explain how the requirement to prepare food in a commercial kitchen will be met.

36. Describe the food preparation methods to be used and the food product that will be offered for sale, including the intended menu, display, and food distribution containers.

37. Describe the anticipated volume of food to be stored, prepared, and sold.

38. Vehicle(s) to be Used (Attach additional sheets if needed)

*An inspection form from a certified mechanic must be supplied for each vehicle at the time of license application*

Year/Make/Model	Vehicle Identification No. (VIN)	License Plate No./State

**STEP 3. INSURANCE INFORMATION**

Policy information must be verified before license approval. You must provide copies of all required insurance certificates for liability insurance and worker’s compensation insurance.

**Worker’s Compensation Insurance**

Workers’ Compensation Company	Policy Number	Dates of Coverage

**OR:**

I certify that I am not required to carry workers’ compensation insurance because:

- I am self-insured.
- I am the sole proprietor and I have no employees.
- I have no employees who are covered by workers’ compensation law.

Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

#### STEP 4. REQUIRED DOCUMENTS

Submit the following required documents:

- Vehicle Inspection Report
- Proof of liability insurance for the current year
- Proof of worker's Compensation insurance, unless exempt
- Copies of all licenses required by state or local health authorities
- Signed Indemnification Statement

#### SIGNED INDEMNIFICATION STATEMENT

As the applicant for a mobile food unit license, I (print name) \_\_\_\_\_ hereby agree to defend, indemnify, and hold the City of Rochester harmless from any and all claims for damage to property or injury to persons which might result or arise out of the operation of a Mobile Food Unit as permitted by RCO Chapter 5-21.

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

#### STEP 5. REVIEW & VERIFICATION

##### Notice of Collection of Private Data

The information collected and required as part of a license application will be used to determine eligibility for a City of Rochester License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Rochester is unable to process this application.

Social Security Numbers, if provided, are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program. Disclosure of a Social Security Number (or Individual Tax ID Number only for individuals without a social security number), and a Minnesota Tax ID Number is required by Minnesota Statutes 270C.72, and this information may be requested by and released to the Minnesota Commissioner of Revenue.

All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.

##### Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

**A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE OWNER, PARTNER, OR OFFICER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION**

I, (print name) \_\_\_\_\_, agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I affirm I have no intention or agreement to transfer the permit being applied for to another person or entity, or to allow any other person or entity to operate under the authority of this permit. I understand that by submitting this

application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**MOBILE FOOD UNIT ADDENDUM A – VEHICLE INSPECTION FORM**

To be completed by a certified mechanic at least annually for all mobile food unit vehicles

**BUSINESS INFORMATION**

Legal Corporate Name of Business, or, <i>only if sole proprietor</i> , name of individual		Business Trade Name (DBA) if different than legal name		
Business Address		City	State	Zip Code
Email Address		Business Telephone Number		Cell Phone Number

**VEHICLE INFORMATION**

Year:	Make:	Model:	Color:
VIN:	License Plate No.:		License Plate State:

COMPONENT	PASS	FAIL	REASON FOR FAILURE
GLASS: no broken or missing glass, any windshield cracks do not interfere with driver’s vision			
SIDE VIEW MIRRORS: non missing, cracked or broken to the extent to obstruct vision			
CONVEX MIRROR: mounted on the front of the vehicle as required by RCO 143A.05 so the operator in a normal seating position can see the area in front of the vehicle obscured by the hood			
TIRES: fair to excellent condition; no wear bar level with the tread; no portion of tire groove worn flat, no visible cord or metal; no sidewall plugs			
BODY CONDITION: no major body damage, no missing body parts, etc.			
DOOR KNOBS AND HANDLES: in place and in good working order			
AUDIBLE ALARM: activated when the vehicle is in motion backwards			
REAR VIEW MIRROR: in place and operational			
FIRE EXTINGUISHER: installed in vehicle, with a minimum fire suppression rating of 2A:10B:C			
EXTERIOR LIGHTS (HEADLIGHTS, HAZARD, BACKUP, ETC.): all bulbs working, no glass or plastic covers broken			
OTHER: any condition that would place users or the general public at risk			

Shop/Business Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Mechanic’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mechanic’s Printed Name: \_\_\_\_\_