



Hennepin County Public Health
 Epidemiology and Environmental Health
 1011 South First Street, Suite 215
 Hopkins, MN 55343-9413
 (612) 543-5200

**2020/2021
 Mobile Food Unit
 Reciprocity Application**

Licenses are valid from July 1, 2020 to June 30, 2021.

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: <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:
Current License Information:

Licensing Agency:

- MDH
 Bloomington Brooklyn Park Edina Minneapolis Minnetonka Richfield Wayzata

List of Hennepin County Events: (starting July 1, 2020- June 30, 2021)		
Location:	Dates:	Start Time:

PAYMENT DUE WITH APPLICATION

WARNING: *If license is Sold on Site, the fee will be \$180.00 for the first day and \$35.00 for each additional day.*

Annual License Fee: \$150.00

Please make checks payable to: Hennepin County Treasurer		Check
In person:	Wells Fargo Bank building, 2 nd floor via locked drop box (address below)	✓
Via US Mail:	Hennepin County Environmental Health 1011 South 1st Street, Suite 215 Hopkins, MN 55343-9413	✓

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 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.

PERSONAL INFORMATION

APPLICANT'S NAME (LAST, FIRST, M.I.)

APPLICANT'S STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
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ESTABLISHMENT INFORMATION

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

MINNESOTA TAX IDENTIFICATION NUMBER	FEDERAL TAX IDENTIFICATION NUMBER
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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
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DATES OF COVERAGE:	STARTING DATE:	THROUGH (ENDING DATE)
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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
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