



EDINA HEALTH DIVISION
4801 WEST 50TH STREET
EDINA, MINNESOTA 55424-1394
952-826-0370

MOBILE FOOD UNIT LICENSE APPLICATION

Mobile Food Unit: a food and beverage service establishment that is a vehicle mounted unit, either:

(1) motorized or trailered, operating no more than 21 days annually at any one place, or operating more than 21 days annually at any one place with the approval of the regulatory authority as defined in Minnesota Rules, part 4626.0020, subpart 70; or

(2) operated in conjunction with a permanent business licensed under this chapter or chapter 28A at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location

Edina Mobile Food Unit (MFU) Regulations:

- MFU's may operate only as an accessory use to a Taproom, Winery, Distillery, or Cocktail room in an industrial district. Or, in conjunction with an event with **prior approval** from the City.
- MFU's must obtain a license from the City of Edina Health Division prior to operation. This process may include plan review of new MFU's if not completed by another Health Department.
- MFU's must pass an annual fire safety inspection by the Edina Fire Department (EFD) and comply with EFD requirements provided in this application.
- MFU must meet DOT regulations to operate or park on public ways.
- Complete this entire application and pay license fee of \$200.00

Legal Business Name: _____

Trade Name (DBA): _____

Contact Person: _____

Phone : _____ Email: _____

Address: _____

Licensed Commissary Name: _____

Address: _____

Location of Operation: _____

Dates/Times of Operation: _____

Minnesota Tax ID Number _____ Federal Tax ID Number _____

If a Minnesota Tax ID is not required please explain _____

Social Security Number (If Applicable) _____

If applying on behalf of a partnership, corporation, LLC, or association please list the full name and business address of all partners, all officers and directors as well as shareholders with a 10% or greater interest in the licensed establishment below (Attach additional sheet if necessary.)

Name _____ Title _____

Business Address _____

Name _____ Title _____

Business Address _____

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Edina is required to provide the Minnesota Department of Revenue your MN Tax ID Number or Social Security Number. 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. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Edina City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, the Minnesota State Auditor and if required by a court order. Applicant's residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. Applicant's signature on this application indicates applicant has read and understands their right regarding Data Practices. Please sign below to indicate that you have read this notice:

Signature _____

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address _____ Telephone Number _____

Operators must complete the following pages for review by the Edina Health Division.

List all other food licenses or permits currently held by this operation at the time of application. If any of these licenses or permits have been suspended or revoked, provide an explanation.

List ALL food and beverage items to be served: _____

Where will food be obtained? _____

How will food be prepared, chilled, and stored prior to the operation? Mechanical refrigeration is required for potentially hazardous foods; ice filled coolers are not permitted for food storage. Home kitchens may not be used.

What is the method of transporting food, including type of vehicle and types of electric or insulated food transport containers. _____

List equipment to be used to maintain food above 140° F and below 41° F. Mechanical refrigeration is required for cold storage of potentially hazardous foods; coolers and ice are not permitted.

Where will food be kept during operation? Food must be kept a minimum of 6 inches off the floor and protected from contamination.

Describe facilities for washing hands. Include soap, single-use towels, and a fingernail brush at the handwashing sink. _____

Describe facility for washing utensils. All utensils must fit into the sinks used for warewashing.

Identify water source for the vehicle. _____

Describe method of waste water disposal. _____

I hereby certify all the information given above is complete and accurate. I have read and understood the food handling regulations and will post the license on site.

X _____

Applicant's Signature

X _____

Date

FOOD SAFETY IN MOBILE FOOD UNITS

- Provide a metal stem thermometer to measure cooking and cold holding temperatures. The thermometer should have a range from 0°F to 220°F. Also, provide thermometers in each cooling unit to ensure they are maintained at 41°F or below.
- Cook all potentially hazardous foods to an internal temperature of 165°F before serving. Any food held hot for service must be maintained at 140°F or higher.
- Wash hands before handling food; after handling raw meat; or after eating, drinking, smoking, or using the toilet. **No eating, drinking, or smoking in the Mobile Food Unit.**
- Protect any food on display from contamination by customers.
- Mobile Food Units must cease operation in adverse weather unless the vehicle is equipped with adequate protection.
- Call 952-826-0370 with any questions regarding temporary events in the City of Edina.

EDINA FIRE DEPARTMENT REQUIREMENTS

Mobile Food Units must meet Edina Fire Department Regulations. Use the checklist below to ensure your MFU is in compliance. An annual Edina Fire Department fire safety inspection is required for all Mobile Food Units license in the City of Edina. Contact the Edina Fire Department at 952-826-0372 with questions.

Checklist	Edina Fire Department Requirements	Meets code
<p>Cooking equipment shall be listed and approved for commercial applications; residential equipment will not be approved for use. Camping stoves or equivalents shall not be allowed. Turkey fryers are not permitted to be used. Licensed LP gas company has inspected appliances within last 12 months to include Leak test on all LP connections and hoses. (NFPA 58, NFPA 96, MSFC 904)</p>		
<p>LP cylinder(s) properly secured and do not exceed 100-pounds total. (NFPA 58)</p>		
<p>Maintain 10 foot clearance from any structure or other operating mobile food vendor and shall not obstruct or impede egress components of buildings. (NFPA 58)</p>		
<p>An approved ventilation system shall be installed over cooking equipment. Type I hood(s) required for any grease laden vapor producing or solid fuel burning appliances. (MSFC 904, MSFC 906)</p>		
<p>Fire suppression system installed per manufacture for any Type I hood system. Type K portable extinguisher shall be readily accessible when deep-frying or cooking any food that produces grease laden vapors (ex. Oils, meats...). (MSFC 904, MSFC 906, NFPA 96)</p>		
<p>All Hoods shall be cleaned regularly and as needed due to cooking volume. Greasy hoods shall be cleaned immediately. (NFPA 96, MSFC 904, NFPA 17A)</p>		
<p>Any tents, trucks, trailers, structures or other locations deemed unsafe due to code violations or life safety issues will not be allowed to operate until all violations have been corrected. (MSFC Ch.1)</p>		

FOR CITY USE ONLY:

<p>_____ License Fee of \$200.00</p> <p>_____ Workers' Compensation Insurance Proof</p> <p>_____ Other _____</p>	<p>Approved by Health Division _____</p> <p>Approved City Clerk _____</p> <p>Approved by Fire Department _____</p> <p>Approved by Planning Department _____</p>
--	---

Licensed Location: _____

Approved Dates of Operation : _____

(Approval by Health Division required for MFU's operating for longer than 21 days at one location)

Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)
--

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)
--

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

<input type="checkbox"/> I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

<input type="checkbox"/> I have no employees.
<input type="checkbox"/> 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:
<input type="checkbox"/> Other:

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.