CITY OF RAMSEY
APPLICATION FOR
MOBILE FOOD UNIT LICENSE

License application review and approval process may take up to ***2-3 weeks***. Refer to City Code Chapter 26 for ordinance details. Tax ID required per MN Statute 270C.72. Business licenses and ID badges are issued upon approval by City Council. Incomplete applications *will not* be accepted.

Enclose with this application:

License Year: _____

- License fee $190 (includes inspection)
- Certificate of workers' compensation insurance (as required)
- Certificate of liability insurance with "City of Ramsey" listed as additional certificate holder
- Copy of Anoka County Food/Health or Minnesota Department of Agriculture license
- Recent photo for ID badge
- A food truck fire inspection by Ramsey Fire Dept is required **within 30 DAYS** of application date. Please contact Chris Weiss at 763-433-9812 or cweiss@cityoframsey.com to schedule a time. A pre-inspection checklist attached for your convenience.

1) **FULL** Name of Business: _____

2) Business Type: ☐ Individual ☐ Business ☐ Corporation ☐ Partnership ☐ Other _____

3) Applicant's **FULL** Name: _____
Last Name First Name Middle

4) Primary Phone Number: _____ Alternative Phone Number: _____

5) Email Address: _____ Business Website: _____

6) Applicant's Address: _____
Street/Box/Route City State Zip

7) Location(s) & Date(s) of Event(s) *(if known)*: _____

8) Applicant is: ☐ Owner ☐ Manager ☐ Other: _____

9) Minnesota Tax Identification No.: _____

10) Federal Tax Identification No.: _____

11) Brief description of goods to be sold:

_____

_____

12) Time in which activities will generally be conducted (*ordinance allows 8am-11pm*): _____

13) List 3 other cities you hold or have held licenses or conducted business in: _____

_____

14) Vehicle information:

License Plate #: _____ State: _____ Year: _____ Make: _____ Model: _____

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted. Business activities are not allowed until approved by City Council and license is issued. Failure to adhere may risk up to $250 fine and/or immediate denial of future applications.

Applicant's Signature: _____ Date: _____

----This license will expire on December 31st----

Return completed application, fees and requested documents to:

City of Ramsey
Attn: Business Licenses
7550 Sunwood Drive NW
Ramsey, MN 55303

Make check or money order payable to "City of Ramsey"
VISA, MasterCard, Discover accepted

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. This information will be collected by the licensing agency and retained in their files.

This information is required by law. 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 $1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

1. **Insurance Company Name**: _____
   (NOT the insurance agent)

   Policy Number: _____

   Dates of Coverage: _____

OR

2. **I am not required to have workers' compensation liability coverage because:**

☐ I have no employees covered by the law.

☐ I am self-insured (include permit to self-insure)

☐ I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: (_____) _____

Signature: _____ Date: _____

CITY OF RAMSEY
TENNESSEN WARNING

The City of Ramsey 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 of Ramsey.

2. You are not legally obligated to supply the requested information.

3. The known consequences 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 consequences 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, or subject to such other exceptions as are provided by law. 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. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.

7. The City may be required to furnish some of this information to the Minnesota Department of Revenue or other governmental agencies.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

_____ _____

Date Signature

_____

Print Name