



## CITY OF BRAINERD FOOD TRUCK/TRAILER LICENSE APPLICATION

### BUSINESS INFORMATION

Name of Truck/Trailer: \_\_\_\_\_ License Plate # \_\_\_\_\_

DBA Name (if different): \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Truck/Trailer Size: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### BUSINESS OWNER(S) INFORMATION

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

### SUBMIT THE FOLLOWING DOCUMENTS PRIOR TO OPERATION

- Copy of Minnesota Department of Health Permit
- Certificate of Liability Insurance
- Written approval from property owner
- Site plan that includes:
  - Square footage of the building on the property\*
  - Number of off-street parking spaces\*
  - Location on the site where food truck/trailer will setup

**PROPOSED OPERATING LOCATION & TIMES**

Location/Area	Days	Hours of operation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby agree, if granted this license, to comply with the Brainerd City requirements pertaining to food trucks/trailers:

\_\_\_\_\_  
Applicant Signature    Name (print)    Date

**Fee:** \$300 after 05/01/2019  
(check or money order payable to City of Brainerd)

Submit this form and all required attachments to: City of Brainerd  
501 Laurel Street  
Brainerd, MN 56401

City of Brainerd Approval \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See attached list of requirements and information related to food truck/trailer operation in the City of Brainerd.

SECTION 66  
TFU – TRANSIENT FOOD UNIT

Section:

- 515-66-1: Establishment Boundaries and Permitted Hours of Operation
- 515-66-2: Relationship to other Applicable Regulations
- 515-66-3: Permitted Uses
- 515-66-4: Uses by Administrative Permit
- 515-66-5: Interim Uses
- 515-66-6: Conditional Uses
- 515-66-7: Lot Area and Setback Requirements
- 515-66-8: Building Height
- 515-66-9: Exterior Building Standards

**515-66-1: Established Boundaries and Permitted Hours of Operation.** Transient Food Units are permitted to operate on any industrially zoned property or commercially zoned property with the City except those zoned B-1 (Residential Office) District. Transient Food units are also permitted to operate on property owned by Central Lakes College, the Franklin Arts Center, and Independent School District 181 regardless of zoning district.

Transient food unit hours of operation shall be limited to 7:00 am to 11:00 pm.

**515-66-2: Relationship to other Applicable Regulations.** Property located within a redevelopment overlay district shall be subject to the provisions of the primary zoning district.

**515-66-3: Permitted Uses.** Transient food units including trucks, trailers, wagons, carts, seasonal temporary food stands, etc. are allowed on public and private property subject to the following:

1. Only food and non-alcoholic beverages can be sold.
2. At least one (1) trash receptacle with a tight fitting lid shall be provided.
3. Operators must clean around their unit at the end of each day.
4. Operator cannot call attention to themselves by crying out, blowing a horn, ringing a bell, and playing music or other noise discernable beyond the unit.
5. Units must be kept in good repair and order and have a neat appearance.
6. Electrical cords and hookups to public utilities are not permitted.
7. Liquids from a food unit cannot be drained onto public property.
8. Generators must be self-contained and fully screened from view and not exceed 70 dbs.
9. Exterior lighting that will call attention to the setup is not permitted.
10. Follow applicable Department of Health regulations.
11. Copies of all required state licenses and insurance coverage.
12. One “A” frame sign not exceeding twelve (12) square feet per side is permitted during operation.
13. Property owner written approval is *required*.
14. Units cannot be left unattended nor remain at an authorized operating location outside allowed hours of operation.

15. Sales cannot be made to individuals parked or stopped in a public street or alley. Sales to customers on a sidewalk are not allowed.
16. Units cannot locate within 300' from the property perimeter of any festival (including the Crow Wing County Fairgrounds), sporting event and civic event unless a license is issued to be a part of the festival or event.
17. Proof of liability insurance is provided in accordance with City of Brainerd requirements.
18. Transient food units are permitted to operate during festivals and community events provided it is approved by City of Brainerd as part of a festival and community events permit.
19. Sales are permitted in a City park when approved by City of Brainerd Parks and Recreation Board.
20. Maximum number of units per property:
  - Two (2) food trucks on lots of one-half acre or less.
  - Three (3) food trucks on lots between one-half acre and 1 acre.
  - Four (4) food trucks on lots greater than 1 acre.
21. A primary use must be operating on the property in order for food unit operations to be allowed.

- 515-66-4: Uses by Administrative Permit.** None
- 515-66-5: Interim Uses.** None
- 515-66-6: Conditional Uses.** None
- 515-66-7: Lot Area and Setback Requirements.** Not Applicable
- 515-66-8: Building Height.** Not Applicable
- 515-66-9: Exterior Building Standards.** Not Applicable

# 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:**

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:

- I have no employees.
- 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: \_\_\_\_\_

**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.

CITY OF BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require 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 are required to advise you of the following regarding the use of this information:

1. This information may be used to 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 only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

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

LICENSE BEING APPLIED FOR OR RENEWED:

LICENSING AUTHORITY: City of Brainerd

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

Applicant's Name \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Code

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

BUSINESS INFORMATION (If applicable):

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

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

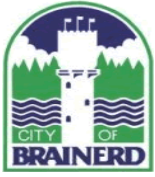
\_\_\_\_\_  
City State Zip Code

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

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

If Minnesota Tax Identification number is not required, please explain on the reverse side.

\_\_\_\_\_  
Signature Position(Officer, Partner, Individual, Etc.)



# CITY OF BRAINERD

## AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd 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 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 any such documents, records and other information to the City or any of its representatives and to permit said 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 interrogatories 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.

### Please complete the following information:

Full Name (please print): \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Previous Address: \_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ personally appeared before me to be the signer of  
Date Full Legal Name of Applicant

this document.

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

\_\_\_\_\_  
My Commission Expires

(SEAL)