



**MOBILE FOOD UNIT
PERMIT APPLICATION
\$25/Day or \$100 Annual**
212 Central Avenue, Buffalo, MN 55313
Phone 763-682-1181
permits@ci.buffalo.mn.us

Permit # MFU
App Date _____
Excel _____ ADM _____
Approved by _____
Date _____

Licensee Information

Applicant Full Name _____

Legal Name of Licensee _____

DBA/Trade Name _____

Licensee Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Vending Information

Products Offered _____

Date(s) Vending (\$25/day) or Indicate Annual (\$100) _____

Location(s) _____

If this is private property, please complete/obtain the following:

Business Name _____ Owner Signature _____

Vehicle Information

License # _____ State _____ Make _____ Model _____ Year _____ Color _____

Certificate of Insurance

The city requires all applicants to provide a Certificate of Insurance by an insurance company authorized to do business in the State of Minnesota, verifying the following forms of insurance:

- Commercial general liability insurance, with a limit of not less than one million dollars (\$1,000,000) each occurrence. If such insurance contains an annual aggregate limit, the annual aggregate limit shall not be less than two million dollars (\$2,000,000). Coverage for food products must be included.
- Automobile liability insurance with a limit of not less than \$500,000 combined single limit. The insurance shall cover liability arising out of any auto, including owned, hired, and non-owned vehicles.
- If the applicant intends to operate its mobile food unit on public property, including streets and right-of-way, the liability policies must be endorsed to add the city as an additional insured. This must be shown on the Certificate of Insurance.

The certificate of insurance must contain a provision requiring notification be sent to the city should the policy be cancelled before its stated expiration date. (City named as a Certificate Holder)

State License

Mobile food units shall hold a valid license from the State of MN Department of Health or Department of Agriculture. A copy of the state license must be attached to this permit application.

Submittal Checklist

- Completed application
- \$25/day or \$100 annual vending fee, made payable to City of Buffalo.
(Fees are non-refundable and non-transferable)
- Completed Data Practices Advisory Tennessee Warning form
- Copy of Minnesota Department of Health or Minnesota Department of Agriculture License Mobile Food Unit license
- Certificate of Insurance (see required items on first page)
- Completed Certificate of Compliance Minnesota Workers' Compensation Law form
- Completed Informed Consent Form
- Copy of driver's license or valid government issued photo identification

*****Please allow 5-7 business days for your permit to be processed and approved.*****

Applicant Signature

I certify that I have read the above questions and the answers are true and correct to the best of my knowledge. _____ (Licensee Name) shall perform its activities in full conformance with applicable federal, state and local laws, and shall be responsible for, and shall indemnify, defend and hold harmless the City of Buffalo and all of the City's officers, employees and agents from and against all claims, suits, liability, damages and losses, specifically including, but not limited to those for loss of use of property, for damage to any property, real or personal, for injury to or death of any person, and for all other liabilities whatsoever including related expenses and actual attorney fees in any way sustained by reason of the activities authorized by this license, permit or agreement in connection with the actions of _____ (Licensee Name), its employees, agents or officers within the City of Buffalo.

The foregoing shall not be construed to be an agreement to indemnify the City of Buffalo, its officers, agents or employees against liability for claims, suits, damages and losses to the extent that such claims, suits, damages and losses were caused by or resulting from the gross negligence or willful misconduct of the City of Buffalo, its officers, employees or agents. This permit, license or agreement shall be construed in accordance with the laws of the State of Minnesota.

Signature

Date

See City Code Sec 12-128 through 12-136

09/06/22

**DATA PRACTICES ADVISORY
TENNESSEN WARNING – PERMITS AND LICENSES**

You are being asked to answer questions and provide information pursuant to the license and application process that is required by Minnesota state law and/or the Buffalo City Code. The purpose and intended use of the requested data is to verify that applicants meet the requirements of the state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the “Act”). This information will be used by the City and its agents involved in the review of this application. You are not required by state law or City Code to answer questions or provide the information requested. However, a refusal to answer questions or provide the information requested will prevent the City from processing the permit or license for which you are applying.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. 13.41, subd.5):

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action.
3. Entire record concerning any disciplinary proceeding.
4. License numbers and status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. 13.41, subd.2; Minn. Stat. 13.37, subd.1):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes or rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

The City of Buffalo may make any private or confidential data accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Certification: I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a license or permit from the City of Buffalo.

Note: Proper signature is required. If a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, the managing partner; if an individual, the owner.

Signature

Date

Print Name

Print Title

Establishment Name (DBA) or Trade Name

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
---	---------------------------	----------------------------

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
---------------	----------------	-----------------

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

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

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
--------------------------------	-------	------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

**INFORMED CONSENT FORM
MOBILE FOOD UNIT APPLICATIONS**

The City of Buffalo requires criminal background checks on all parties applying for a mobile food unit permit. This background check is a mandatory part of the permit process.

The following person has made application for a mobile food unit permit with the City of Buffalo.

Name: Last _____ First _____ Middle _____

Maiden, Previous, Alias: _____

Date of Birth: _____ Social Security No.: _____

I authorize the Buffalo Police Department to disclose any criminal history record information to the City of Buffalo for the purpose of consideration of a mobile food unit permit.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

You have the following rights under this statute:

1. The right to be informed by the City of Buffalo of the BCA's response to the background check and to obtain a copy of the background check report.
2. The right to obtain from the City of Buffalo any record that forms the basis for the report.
3. The right to challenge the accuracy and completeness of any information contained in the report.
4. The right to be informed by the City of Buffalo if your application for a mobile food unit permit has been denied because of the BCA's response.

If the results of the criminal background check do not satisfy the City of Buffalo, the parties knowingly and voluntarily agree that no contract was ever created between the City of Buffalo and the above signed.