

Food Truck/ Trailer License Application

City of Brainerd

501 Laurel Street • Brainerd, MN 56401 • 218.828.2307 • 218.828.2316 (fax) www.ci.brainerd.mn.us

Transient food units including trucks, trailers, wagons, carts, seasonal temporary food stands, etc.

Annual City of Brainerd License Fee: \$300.00

Annual City of Brainerd & Brainerd Parks License Fee: \$350.00

Park Vendor Fee per day: \$50.00

Business Information					
Name of Truck/ Trailer	Truck/ Trailer Size				
DBA Name (if different)					
		License Plate #			
Address/ City/ State/ ZIP					
Phone:	hone: Cell Phone:				
Email:					
Proposed Operating Location & Times (City License)					
Location / Area	Days	Hours of Operaton			
					
- 					
Park Event Information					
Event Date(s)	Event Name(s)				
Event Location(s)		Hours of Operation			
Is access to electrical power needed?	Yes No	If YES, vendor must provide power cords.			

Issuance of permits will be at the discretion of the Parks Department. Placement of mobile food units will be coordinated with the Parks Department. Applications should be submitted at least one week prior to the event date.

Other Required Application Submittals

Please submit the following with the completed application to:

Brainerd Community Development Department, 501 Laurel Street, Brainerd MN 56401

- Copy of Minnesota Department of Health Permit
- Certificate of Liability Insurance
- Certificate of Minnesota Worker's Compensation
- Submittal of City of Brainerd Authorization & Release Form
- Written approval from property owner/ approval from parks department.
- Site plan with location of proposed food truck

Park Disclaimer Information

Please pick up all trash and dispose of it properly. No glass containers are allowed in the parks. The sale and/or consumption of liquor/strong beer is prohibited. Amplified entertainment equipment is prohibited. Small canopies up to 12' X 12' are allowed; large tent canopies are NOT.

In consideration of my application for facility use, I hereby for myself or any representatives of my organization or family waive and release any and all rights and claims for damages I or representatives of my organization or family have against the Brainerd Parks and Recreation Department and its representatives for any and all injuries suffered at any activity held at or sponsored by a Brainerd Parks and Recreation facility. I also assume full responsibility for any damages to equipment or to the facility during our use. For after-hours emergency maintenance issues call 218-851-8455 or 218-513-0172.

I hereby agree, if granted this license, to comply with the Brainerd City to food trucks/trailers:	requirements pertaining
Owner's Signature:	Date:
Print Name:	

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

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 NO FOLLOWING INFORMATION. You must on NUMBER 1 COMPLETE THIS PORTION IF YOU	complete number		
INSURANCE COMPANY NAME (not the insurance agent)			
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	
NUMBER 2 COMPLETE THIS PORTION IF SEL			
☐ I have attached a copy of the permit to self-insure.			
NUMBER 3 COMPLETE THIS PORTION IF EXE			
I am not required to have workers' compensation insurance collision. I have no employees. I have employees but they are not covered by the workers' excluded employees.) Explain why your employees are not	compensation law. (So		
Other:	.		
ALL APPLICANTS COMPLETE THIS PORTION: I certify that the information provided on this form is accurately that I am authorized to sign on behalf of the business.		I am signing on behalf of a business, I	
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 requ		
Signature	Position(Officer, Partner, Individual, Etc.)	

BRAINERD, MN Chapter 515 ZONING

515-3-39 Transient Food Unit

- A. Established Boundaries and Permitted Hours of Operation. Transient Food Units are permitted to operate on any Non-Residential Zoning District as identified on Appendix A Table of Uses. 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 Base Zoning District.
 - 1. Transient food unit hours of operation shall be limited to 7:00 am to 11:00 pm.
- B. **Relationship to other Applicable Regulations.** Property located within a PUD Overlay District shall be subject to the provisions of the Base Zoning District.
- C. **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 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 feet 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:
 - a. Two (2) food trucks on lots of one-half acre or less.
 - b. Three (3) food trucks on lots between one-half acre and 1 acre.
 - c. 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.