

## APPLICATION FOR MOBILE FOOD VENDORS

Cambridge City Code, Chapter 156 Zoning. Section 156.093.

**ALL SUPPORTING MATERIALS MUST BE ATTACHED, AND THE APPLICATION COMPLETE INCLUDING ALL RELEVANT CHECK BOXES CROSSED OFF, OR THIS APPLICATION WILL BE DEEMED INCOMPLETE.**

### Mobile Food Vendor Info:

Business Name: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_

### Location:

Business name of where the Mobile Food Vendor is to park and serve food in Cambridge: \_\_\_\_\_  
Address of where the Mobile Food Vendor is to park and serve food in Cambridge: \_\_\_\_\_

**Payment is not accepted until after the application has been reviewed and the background check completed. Please indicate 'Length of Time for License' but do not provide payment until instructed to do so.**

### Length of Time for License:

- Per Day - \$50
- Per Month - \$100
- Seasonal (up to 6 months per calendar year)- \$300

### Dates:

What date(s) do you plan on being at this location: \_\_\_\_\_

### 21 Day Rule:

- I will be serving at one location for 21 days or more. I understand that a MDH inspection and approval will be required if serving at one location for 21 days or more. This inspection will be while you are set up at the location and serving food. It must be scheduled with Trevor McCliment of the Isanti County district of the MDH by emailing Trevor.McCliment@state.mn.us This inspection can only be set up after the city Mobile Food Vendor license is granted.
- I will not be serving at one location for 21 days or more and do not require a MDH inspection.

### Must provide state license:

- I have attached a copy of my state-issued license. The location and dates on the license are appropriate and the license is valid and covers the proposed services I am applying for.

**MN Tax ID Number (required):** \_\_\_\_\_

- I understand that the City of Cambridge has a sales tax.

**Type of items to be sold:** \_\_\_\_\_

- I understand that hours of operation shall be between the hours of 9am-10pm.

### Must attach a site plan to this application:

- I have attached an aerial view of the property, that indicates where the Mobile Food Vendor will be setup/parked.

### Background Check:

- I understand that all Mobile Food Vendors must have a background check completed prior to the license being issued.
- I have attached a color copy of all applicant's driver's licenses (or other legal identification).
- I have signed the "Informed Consent for Background Investigation for Mobile Food Vendor Permit Application" in front of a notary (Applications without a notary signature will be denied).

**Signage:**

- I understand that no additional signage shall be added to the lot unless a Temporary/Permanent Sign Permit has been issued and that is not included in this Mobile Food Vendor license.

**Property Owner Permission:**

- I have attached written property owner permission.

**Restaurants:**

- This location is not located within 100 feet (measured from property line to property line) of any established restaurant, or  
Established restaurant(s) within 100 feet have provided written consent which are attached.

**Insurance:**

- I have attached Liability Insurance for at least one million dollars (\$1,000,000) per occurrence. This will cover the permittee, property owner, and the City of Cambridge from all claims for damage to property or bodily injury, including death, which may arise from operations under the license or in connection therewith. The policy shall further provide that it may not be cancelled except upon thirty (30) days' written notice filed with the city. No license issued pursuant to the provisions of this section shall be valid at any time the insurance required herein is not maintained and evidence of its continuance filed with the city.

**Name/Information for Applicant**

Applicant's Full First Name:	Applicant's Full Middle Name:	Applicant's Full Last Name:
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Street Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Driver's License Number (include a color copy of driver's license):		

Have you ever had a Mobile Food Vendor License revoked?  Yes  No If yes, why? \_\_\_\_\_

By signing this application, the applicant understands they shall hold harmless the city, their officers and employees, and shall indemnify the city, and their officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of the license.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application submittal information**

In-person	Cambridge City Hall, 300 3rd Avenue NE, Cambridge, MN 55008 Monday- Friday from 8am-4:30pm (Summer hours may vary) After hours drop box is the silver box by the blue mailbox.
Mail	Cambridge City Hall, Attn: Mobile Food Vendor, 300 3rd Avenue NE, Cambridge, MN 55008
Email	<a href="mailto:building@ci.cambridge.mn.us">building@ci.cambridge.mn.us</a>

**Informed Consent for Background Investigation for Mobile Food Vendor Permit Application**  
(A separate form must be filled out for each applicant, officer, and/or partner)

*A color copy of your driver's license must be submitted with this form.*

The following named individual has made application with this the City of Cambridge for a Mobile Food Vendor Permit. In order to determine if the applicant is eligible to receive the license, a criminal history check must be conducted. The information provided below is to assist the Minnesota Bureau of Criminal Apprehension's investigation.

**PLEASE PRINT LEGIBLY**

<b>Last Name of Applicant</b>	<b>Full First Name</b>	<b>Full Middle Name</b>
<b>Any Maiden, Alias or Former Name(s)</b>		
<b>Date of Birth (MM/DD/YYYY)</b>	<b>Sex</b>	<b>Race</b>

I, \_\_\_\_\_, authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Cambridge and the Cambridge Police Department for the purpose of conducting a criminal background check for determining eligibility for a peddler's permit or transient merchant license.

The authorization shall expire one year from the date of my signature.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

**THIS DOCUMENT  
MUST BE  
NOTARIZED OR IT  
WILL NOT BE  
ACCEPTED.**

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's signature

**You may use this form, an email from the property owner, or a form they provide.  
Any format is accepted as long as it is in writing.**

## **MOBILE FOOD VENDOR PROPERTY OWNER PERMISSION**

You may use this form or any other written document that provides property owner permission.

I, \_\_\_\_\_, as owner of \_\_\_\_\_, located at  
\_\_\_\_\_, Cambridge, MN 55008, grant permission for  
\_\_\_\_\_ to operate a Mobile Food Vendor permit on this property from  
\_\_\_\_\_ to \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **MOBILE FOOD VENDOR NEARBY RESTAURANT OWNER PERMISSION**

You may use this form or any other written document that provides property owner permission.

I, \_\_\_\_\_, as owner of \_\_\_\_\_, located at  
\_\_\_\_\_, Cambridge, MN 55008, grant permission for  
\_\_\_\_\_ to operate a Mobile Food Vendor permit at  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Operator Certificate of Compliance

Read the information on the back before completing this certificate. **Person selling at event:** Complete this certificate and give it to the operator/organizer of the event. **Operator/organizer of event:** Keep this certificate for your records.

Do not send this form to the Department of Revenue.

Print or Type	Name of Business Selling or Exhibiting at Event		Minnesota Tax ID Number	
	Seller's Complete Address		City	State ZIP Code
	Name of Person or Group Organizing Event			
	Name and Location of Event			
	Date(s) of Event			

Merchandise Sold	Describe the type of merchandise you plan to sell.

Sales Tax Exemption Information	Complete this section if you are not required to have a Minnesota tax ID number.
	<input type="checkbox"/> I am selling only nontaxable items.
	<input type="checkbox"/> I am not making any sales at the event.
	<input type="checkbox"/> I participate in a direct selling plan, selling for _____ (name of company), and the home office or top distributor has a Minnesota tax ID number and remits the sales tax on my behalf. This is
	<input type="checkbox"/> a nonprofit organization that meets the exemption requirements described below:
	<p>_____ Candy sold for fundraising purposes by a nonprofit organization that provides educational and social activities for young people primarily aged 18 and under (MS 297A.70, subd. 13[a][4]).</p> <p>_____ Youth or senior citizen group with fundraising receipts up to \$20,000 per year (\$10,000 or less before January 1, 2015)(MS 297A.70, subd. 13[b][1]).</p> <p>_____ A nonprofit organization that meets all the criteria set forth in MS 297A.70, subd. 14.</p>

Sign Here	<i>I declare that the information on this certificate is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.</i>	
	Signature of Seller	Print Name Here
	Date	Daytime Phone

**PENALTY** — Operators who do not have Form ST19 or a similar written document from sellers can be fined a penalty of \$100 for each seller that is not in compliance for each day of the selling event.

# Information for Sellers and Event Operators

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Operators/organizers of craft, antique, coin, stamp or comic book shows; flea markets; convention exhibit areas; or similar events are required by Minnesota law to get written evidence that persons who do business at the show or event have a valid Minnesota tax ID number.

If a seller is not required to have a Minnesota tax ID number, the seller must give the operator a written statement that items offered for sale are not subject to sales tax.

All operators (including operators of community sponsored events and nonprofit organizations) must obtain written evidence from sellers.

Certain individual sellers are not required to register to collect sales tax if they qualify for the isolated and occasional sales exemption. To qualify, all the following conditions must be met:

- The seller participates in only one event per calendar year that lasts no more than three days;
- The seller makes sales of \$500 or less during the calendar year; and
- The seller provides a written statement to that effect, and includes the seller's name, address and telephone number.

This isolated and occasional sales provision applies to individuals only. It does not apply to businesses.

## Sales Tax Registration

To register for a Minnesota tax ID number, call 651-282-5225.

A registration application (Form ABR) is also available on our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us).

## Information and Assistance

If you have questions or want fact sheets on specific sales tax topics, call 651-296-6181.

Most sales tax forms and fact sheets are also available on our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us).

For information related to sellers and event operators, see Fact Sheet #148, *Selling Event Exhibitors and Operators*.

We'll provide information in other formats upon request to persons with disabilities.