



City of Coon Rapids
 Office of the City Clerk
 11155 Robinson Drive
 Coon Rapids, MN 55433-3761
 Phone: 763-767-6432
 Fax: 763-767-6531
<http://www.coonrapidsmn.gov>

Application Checklist

Submit completed items below to:

Office of the City Clerk
 Attn: Deputy City Clerk
 11155 Robinson Drive
 Coon Rapids, MN 55433

2021 License Application Guidelines and Checklist

License Type: <input type="checkbox"/> Mobile Food Unit / Food Truck	
DEFINITIONS: (see City Code 5-1500 for full definitions) A “ Mobile Food Unit ” is hereby defined to be any food and/or beverage service establishment that is a vehicle mounted unit, either motorized or trailered.	
Business Owner Checklist:	
<input type="checkbox"/> 1. License Application (Form #1)	
<input type="checkbox"/> 2. Location /Temporary Sign Info (Form #2)	
<input type="checkbox"/> 3. Property Owner Permission Form (Form #3)	
<input type="checkbox"/> 4. Minnesota Workers' Compensation Liability (Form #4)	
<input type="checkbox"/> 5. Copy of current valid Food License from Anoka County (763-324-4260).	
<input type="checkbox"/> 6. License Fee for each Food Truck:	
<input type="checkbox"/> Per Day:	\$15 (2021)
<input type="checkbox"/> Per Week:	\$40 (2021)
<input type="checkbox"/> Per Year (21 days or fewer):	\$105 (2021)
<input type="checkbox"/> Per Year (more than 21 days):	\$310 (2021) * Requires proof of Full Food Trailer License through Anoka County
Your License Application:	
<ul style="list-style-type: none"> • Incomplete and/or illegible applications will be returned. • All applications must be signed by an owner, partner, or principal. • Licenses are not transferable. • Make a duplicate copy of this packet for your personal records before submitting. 	<ul style="list-style-type: none"> • Minnesota Sales Tax ID (651) 296-6181 • Federal Tax ID/Employer Identification Number (651) 312-8082 • Multiple licenses must be filed individually and may not be combined. • Applications process within 7 business days

Have you held a Coon Rapids Food Truck License previously?

- Please contact our office at clerk@coonrapidsmn.gov and ask for a Renewal Application instead of completing this application.



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Form #1

License Application

Food Truck Business Information:			
Complete Legal Business Name:			
Food Truck Name/Doing Business as Name (if different from Corporate Name):			
MN Business Tax ID#:		Federal Tax ID#:	
Address of Business:	Street:		
	City:		
	State:	Zip:	
Description of the Food You Offer:			
Describe type and content of advertising to be done:			
Food Truck Vehicle Information:			
Vehicle License Plate #:			
State of Issuance:			
License Year:			
Color of Vehicle:			
Make / Model of Vehicle:			
Vehicle Insurance Company:			
Policy Number:			
Date of Insurance Coverage:			
Owner Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Permanent Home Address:	Street:		
	City:		
	State:	Zip:	
Social Security #			
Cell Phone #:		Business Phone #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you or your business violated any provisions in the Coon Rapids City Code during the last two years? If yes, please explain:			



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Form #1

Licensed Location Information:

- I understand that I am required to hold a City of Coon Rapids issued Mobile Food Truck License for **each location** my food truck occupies (unless otherwise stated by City Code).
- I understand that I am required to submit **Form #2 of the application** for **each** location, including a map/drawing showing the placement of the food truck at the property with details indicating distances from roadways, access points, other structures, parking, and temporary signs or permanent signs.)
- I also understand that I must obtain written permission (**Form #3 of the application**) from the property owner of **each** location. By signing this form, they give you permission to use the premises, agree to reimburse any costs incurred by the City as a result of clean-up, and also agree to be responsible for the assessment of those costs against the property if incurred.

The following is a list of locations that I plan to occupy with my food truck and wish to be licensed for (add additional pages if needed):

1. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

2. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

3. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

4. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

5. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

Hours of Operation:

- I understand that City Code 5-1519 states that food trucks can only operate between the hours of 9:00 a.m. and 10:00 p.m.

Zoning Restrictions of Property to be Occupied:

- I understand that there are zoning restrictions that will prohibit food trucks from occupying certain properties (Certain zoning may require approval of a Conditional Use Permit (CUP) or Planned Unit Development (PUD) from the Planning Commission. **Please call 763-767-6430 for verification**



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Form #1

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on **NotifyMe**. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".

I have read the applicable City Code and will strictly comply with all the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.

TENNESSEN WARNING

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Tennessee Warning and certify that the statements in this application are true and correct to the best of my knowledge.

Date: _____ **Signature:** _____



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Form #2

Location of Mobile Food Truck Doing Business from Fixed Location

- I understand my mobile food unit/food truck doing business from a fixed location must observe to the following requirements:
- Food trucks may not operate in any location where the operations might reasonably endanger the public safety or impede or inconvenience the public.
 - Food trucks must be located on a paved surface at the fixed location.
 - Food trucks must be parked off the public street and on a paved surface.
 - Customer parking must be on a paved surface.
 - Food trucks must not interfere with designated fire lanes or access to other businesses.
 - No landscaped area or bufferyard may be used for parking or for the storage or display of merchandise.
 - No location within an existing parking lot shall reduce the number of parking spaces.
 - All structures, vehicles, stands, fixtures, displays and signs must be removed from the site within 24 hours after the expiration of the license.
 - Any articles not claimed within 30 days may be destroyed or disposed of at the discretion of the City. Any costs associated with this may be assessed against the property owner in the same manner as a special assessment.
 - Food trucks may not operate at the same property for more than 21 days per calendar year.

You are required to submit a drawing or a map showing the details of your food truck occupying space at the property. The details should include dimensions and distances from adjoining roadways, parking, access points, fire lanes, pedestrian lanes, other structures, circulation lanes, permanent and temporary signs and any other features.

Attached is a map of the premises and temporary signs where food truck will be located

(OR)

A drawing of the premises and temporary signs where food truck will be located is in the space below

- I understand that I am allowed one ground sign per location without a temporary signs permit. But all others require a permit from the Community Development Department and I am responsible for contacting them at 763-767-6430 to obtain the permit. I also understand that the following requirements are to be followed with temporary signs:
- Diagram showing size and location of temporary sign
 - May not exceed 32 square feet in area
 - May not be located in public right of way (including street median)
 - Must be set back one foot from public sidewalk or 18 feet from curb and 10 feet from property lines
 - Signs may not be fastened to trees or utility poles
 - Advertising upon or against any structure is subject to maximum sign area authorized.

I have read and understand the above information.

Date

Signature



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Form #3

WRITTEN PERMISSION OF PROPERTY OWNER

Written permission from the property owner for use of the premises must be obtained before a license will be issued.

I, _____, certify that I am the owner of property located at _____, and give permission to _____ to operate a Mobile Food Unit/Food Truck business at this location on the dates requested and hereby agree to reimburse any costs incurred by the City as a result of clean-up or be responsible for assessment of those costs against the property.

I understand that the days a Mobile Food Unit/Food Truck displays a temporary sign are deducted from the total allotment of sixty (60) days per calendar year for the property.

Date	Printed Name	Signature
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Address	Telephone Number
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Form #4

MINNESOTA WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

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 Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and 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 \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: *Note: This is NOT the insurance agent.	
Telephone Number:	
Policy Number:	
Dates of Coverage: *Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.	

(OR)

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

- I have no employees.
- I am self-insured (include permit to self-insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	
I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.	
Date:	Signature: