



Mobile Food Unit License

CITY OF CANNON FALLS
918 River Road
Cannon Falls, MN 55009
Phone: 507-263-9300

“Mobile Food Unit” means a self-contained food service operation, located in a readily movable motorized wheeled or towed vehicle that is readily movable without disassembling and that is used to store, prepare, display, or serve food intended for individual portion service; or a mobile food unit as defined in Minnesota Statutes Section 157.15, subdivision 9.

An annual license shall be valid for one calendar year; however, the mobile food unit cannot operate in, or in front of, the same location on streets, alleys, parks or other public property for more than twenty-one (21) days during any calendar year.

- Mobile Food Unit Licenses are not transferrable.
- Mobile Food Unit License fees are non-refundable.
- Certificate of Liability Insurance is required.
- Mobile food units may not provide external seating.
- Mobile food units must hold a valid license from the State of MN Department of Health or Department of Agriculture.
- Overnight storage of a mobile food unit is not permitted on public land without approval by the City Council.
- Hours of operation are limited to 7:00 a.m. to 9:00 p.m.
- Mobile food units cannot connect to public utilities.
- Waste disposal is the responsibility of the mobile food unit and they must provide separate trash and recycling receptacles for their customers.
- For further regulations please see Chapter 121 of the City Code

The following information is required:

1. Completed Mobile Food Unit application
2. Minnesota Tax Identification Form
3. Certificate of Liability Insurance by an insurance company authorized to do business in the State of Minnesota – City must be the Certificate Holder
4. Map or drawing indicating proposed location of Mobile Food Unit for City review

Annual Mobile Food License fee is \$250.00

Daily Mobile Food License fee is \$25.00



**Mobile Food Unit License
Application Form**
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GOVERNMENT DATA PRACTICES ACT – TENNESSON WARNING:
The data you supply on this form will be used to process the license that 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 when the license is granted.

Business/Owner Name: _____

Doing Business As: _____

Business Address, City, State, Zip: _____

Business Phone Number: _____

Emergency Contact Phone Number: _____

Email Address: _____

Mobile Food Unit License: ___ Annual ___ Daily *Please Provide Date of Event _____

Is this a corporation: ___ Yes ___ No **Is this a partnership:** ___ Yes ___ No

***Is this an LLC:** ___ Yes ___ No
**If yes, attach a list names, addresses, and percent of interest of each.*

Applicant's Name: _____

Applicant's Address, City, State, Zip: _____

Applicant's Phone Number: _____ **E-mail Address:** _____

Applicant agrees to comply with all laws, ordinances, or regulations applicable whether they are federal, state, county or municipal. The undersigned declares that the information provided in this license application is truthful and authorizes the City of Cannon Falls to investigate the information provided.

Applicant's Signature: _____ **Date:** _____

Date approved: _____ **Fee:** \$ _____ **License #:** _____