City of Austin



500 Fourth Avenue NE Austin, Minnesota 55912-3773

Phone: 507-437-9940 www.ci.austin.mn.us

MOVABLE BUSINESS LICENSE

NEW LICENSE REQUIREMENTS

- General Application for License
- *Copy of Minnesota food handler's license (if business sells food)
- List of Proposed Locations & Indemnification Agreement
- Completed Worker's Compensation Compliance Form
- \$10 application fee
- \$75 annual fee. May be pro-rated. Minimum \$40.

*State Licensing Contacts for food vendors

A City of Austin Moveable Food License requires a food handler's license from the Minnesota Department of Health or from the Minnesota Department of Agriculture. See contact information below.

Minnesota Department of Health

Environmental Health Division Foods, Pools, and Lodging Services

Phone: 651-201-4500 Toll Free: 1-800-383-9808

Email: health.foodlodging@state.mn.us

Website:

https://www.health.state.mn.us/communities/env

ironment/food/license/index.html

Minnesota Department of Agriculture

Licensing & Registration Food & Feed Safety

Phone: 651-201-6062

Email: MDA.Licensing@state.mn.us

Starting a Food Business Phone: 651-201-6081

Email:

MDA.FoodLicensingLiaison@state.mn.us

Website: https://www.mda.state.mn.us/food-

feed/food-licenses

Food Licensing Wizard:

 $\underline{https://www2.mda.state.mn.us/webapp/foodlicen}$

singwizard/

OFFICE USE ONLY
Receipt No
Date:
iWorq Entry:



City of Austin General Application for License

City of Austin ♦ 500 4th Avenue NE Austin, MN 55912 507-437-9940

www.ci.austin.mn.us Submit to licensing@ci.austin.mn.us

New License □ Rei	newal □ Transfe	er 🗆				
SECTION A. License Information						
License Type:	Fee:					
SECTION D. Applicant Information						
SECTION B. Applicant Information Applicant Name:						
Applicant Name.						
Type of License: ☐ Individual Owner ☐ LLC ☐ Corporation ☐ Partnership (Corporations, LLCs and partnerships must						
complete Section C)	Description Discrete Newsland					
Business Name:	Business Phone Number:					
DBA:						
DBA Address:	City:	State:	Zip:			
E-mail Address for licensing correspondence:						
E-mail Address for licensing correspondence.						
SECTION C: Corporations, LLCs and partnerships m	ust complete this section.					
Corporate Name:						
Corporate Address:	City:	State:	Zip:			
Corporate Address.	Oity.	State.	Σ ιρ.			
Officer Name:	Title:					
Address:	City:	State:	ZIP:			
Officer Name:	Title:					
Address:	City:	State:	ZIP:			

SECTION D. Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the licensing authority is required to provide to the Minnesota Commissioner 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 use of this information:

- 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;
- Upon receiving this information, the City of Austin will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
- Failure to supply this information may jeopardize or delay the processing of your license issuance or

renewal application.			
Applicant's Name (Last, First, MI)	Social Securit	y Number	
Home Address	City	State	ZIP
Business Name	I	L	
Business Address	City	State	ZIP
Minnesota Business Tax ID Number	Federal Tax II	Number	
Timinocota Baomoco Fax ib Itambol	T odorar rax n	5 I Valinoon	
OFOTION F. O. C.		1 ! 0	
SECTION E. Certification of Compliance for			
Minnesota Statute Section 176.182 requires every state renewal of a license or permit to operate a business in			
compliance with the workers' compensation insurance			
information is not provided or is falsely stated, it shall re	esult in a \$2000 penal	ty assessed against the app	olicant by the
commissioner of the Department of Labor and Industry		, , ,	•
Insurance Company Name (not the agent)	Policy Numbe	r	
Data of Occurrence			
Dates of Coverage	to		
	to		
OR			
I am not required to have workers' compensation I	liability coverage be	cause:	
☐ I have no employees			
☐ I am self-insured (include permit to self-insure))		
\Box I have no employees who are covered by the v	workers' compensat	tion law (these include sp	ouse, parents,
children, and certain farm employees)			
O DE DESTRUCTION DE MILITA	20.1		
Government Data Practices Act: The data you supply on this follogally required to provide this data, but we will not be able to provide this data.			
public data if and when the license is granted. Private financia			
numbers are classified as private data and will be available to			
is necessary to perform their official duties.			
I certify that the information provided on this form is	s accurate and comp	olete. If I am signing on b	ehalf of a
business, I certify that I am authorized to sign on be			
SIGNATURE	POSITION	DATE SIGNED)

INDEMNITY AGREEMENT

AGREEMENT made this day of _	, by and between the City
AGREEMENT made this day of _ of Austin, Minnesota herein referred to as "the C referred to as "the Licensee".	ity " and, herein
WHEREAS, the city council of the City or regulating and licensing mobile businesses (Aust	of Austin, Minnesota, has enacted an ordinance in City Code Section 6.58).
WHEREAS, Austin City Code Section 6. place of business license is issued by the City, the Clerk, on a form prescribed by the City for said particles of City harmless for any personal injury or property movable place of business.	ourpose, an indemnification agreement holding
NOW THEREFORE, in consideration of follows:	the foregoing, the parties hereto agrees as
1. Subject to the terms and condition indemnify and save harmless the City against any or judgments, including reasonable attorney's few with such matters, for death or injuries to personate of or in connection with the operation and mainted contractors or employees of said movable busine (the "indemnified claims").	es, costs and expenses incurred in connection s or for loss of or damage to property arising out enance by licensee or any of their agents,
2. Indemnity under this agreement sl the movable license by the City of Austin to licen	hall commence as of the date of the issuance of nsee.
3. The City agrees to notify licensee by the City of notice of any indemnified claim.	in writing within thirty (30) days of the receipt
IN WITNESS WHEREOF, the parties he	reto have executed this Agreement.
LICENSEE	CITY OF AUSTIN, MINNESOTA, A MUNICIPAL CORPORATION
	Ву:
	Its: Mayor
	By:
	Its: City Clerk



PROPOSED LOCATIONS FOR MOVABLE BUSINESS

All locations that the mobile unit will be set up must be listed and approved by the City Council. The City must be notified of any new locations during the year as they arise.

Downtown locations are restricted to the municipal pool lot, lot north of Brick's Furniture lot and on private property with consent from the owner.

Separate application & additional fee at Farmer's Market Venue

Business Name:
Business Address:
Type of Business:
List Locations: