

License Application Guidelines and Checklist

License Type: Mobile Food Vehicle Vendor	
<p>A food establishment preparing and/or serving foods from a self-contained vehicle, either motorized or within a trailer on private property or curbside on public streets. The vehicle must be readily movable, without disassembling, for transport. Vehicles may not be kept, stored, or maintained on a residentially zoned property. Street locations are available to all licensed vendors daily on a first-come first-served basis. Operating requirements are listed on Form #4. There may be up to three vendors in parking lots located outside of downtown. No additional license/permit is required to operate at an event (farmers market, block event) but written permission must be obtained from the event organizer who is required to submit to city's health department for approval.</p>	
Staff Initials	<p style="text-align: center;">Application Checklist – Submit the following to Minneapolis Development Review 250 South 4th Street, Room 300 Public Service Center, Minneapolis, MN 55415 - Free Parking</p>
	<input type="checkbox"/> 1. License Application – Mobile Food Vehicle Vendor (Form #1)
	<input type="checkbox"/> 2. Health Addendum (Form #2)
	<input type="checkbox"/> 3. Food Establishment Plan Review Application (Form #3) – Vehicle and Site Plans are required for approval.
	<input type="checkbox"/> 4. Food Plan Review Fee \$ _____
	<input type="checkbox"/> 5. Vehicle Plan that conforms to the Mobile Food Vehicle Plan Standards (Form #4). Plans that do not conform to the requirements will be returned to the applicant as incomplete.
	<input type="checkbox"/> 6. Site Plan of Proposed Private Property Location that conforms to the Mobile Food Vehicle Site Requirements (Form #5). Plans that do not conform to the requirements will be returned to the applicant as incomplete. <input type="checkbox"/> N/A if operating at street locations only.
	<input type="checkbox"/> 7. Letter of Consent (Form #6) This is required if the proposed location is: <input type="checkbox"/> on private property/parking lot. Written consent is required from the property owner. <input type="checkbox"/> within 200 feet of park board property. Written consent from the Minneapolis Park Board may include a permit, agreement, or other required written authorization. <input type="checkbox"/> within 100 feet, on the same block face, and has direct sidewalk access to a restaurant or sidewalk café. Written consent is required from the proprietor of the restaurant. Note: Maintain a copy of this consent in your food truck while operating.
	<input type="checkbox"/> 8. A Certificate of Liability Insurance must be submitted after approval of your Site Plan and Vehicle Specifications. This is required before a license will be granted. (Sample Form #7) This must be furnished by your Insurance Agent with the mandatory changes. You are required to have public liability, food products liability and property damage insurance in the amount of \$1,000,000 per occurrence to protect license holder, property owners, city, and the district, if applicable, from all claims for damage to property or bodily injury, including death, which may arise from operations.
	<input type="checkbox"/> 9. Hold Harmless Statement for Public Property Operations. Attach a signed statement that the license holder shall hold harmless and indemnify the city, any applicable special service district, and their officers and employees, for any claims for damage to property or injury to persons which may be caused by any activity carried on under the terms of the license.
	<input type="checkbox"/> 10. Fee \$ _____ plus New License Surcharge
	<input type="checkbox"/> 11. Submit two copies of your application (Items 1 – 10 above) to expedite review.
<p>This Section To Be Completed by Minneapolis Development Review Coordinator DC: _____ MDR Log #: _____ Date Sent to EH _____ EH Staff Initials _____ Date Returned to MDR _____</p>	

Additional Information

1. Your License Application

- a. Incomplete applications will be returned. All applications must be signed by the owner. Licenses are not transferable.
- b. No license will be issued for a period longer than one year. Make a duplicate copy of this packet for your records before submitting.
- c. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- d. If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.

2. Hours of Operation – 1 City Hall: Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

3. Information in Other Languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

#1

For Office Use Only
License # L
CSR:
Fee: \$
Date:

License Application Mobile Food Vehicle Vendor

1. BACKGROUND INFORMATION			
Legal/Corporate Name of Business	Trade Name(DBA)	Business Telephone	
Name of Person Filling out the Application	Title	Telephone Number	
Business/Mailing Address	City	State	Zip Code
Licensed Kitchen Address (Must be in Minneapolis)	City	State	Zip Code
E-mail Address (Required)	Fax Number	Cell Phone Number	
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number			
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit		State of Incorporation	Date of Incorporation
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No		I am starting a new business <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. PARTNERS, OWNERS, AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Have any of the people listed above been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide or attach specific information about dates and conviction.			

3. BUSINESS INFORMATION

- Street Locations Only.** No operations will occur at parking lot locations.
- Both Street and Parking Lot Locations.** List your primary and secondary choices for parking lot sites. This should not include information for community events.
- Parking Lot Locations Only.** List your primary and secondary choices for parking lot sites. This should not include information for community events.

Primary Parking Lot Vending Site Address/Location/Description	Secondary Parking Lot Vending Site Address/Location/Description
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Is your proposed location: <input type="checkbox"/> On a bus lane? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> On or within 200 feet of park board property? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> On a street where a restaurant or sidewalk café with direct access to the sidewalk/street is adjacent to/or within 100 feet, and on the same block face of this location? <input type="checkbox"/> YES <input type="checkbox"/> NO	Hours of Operation
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Describe in detail the principal products, types of entertainment, and/or services rendered.

List any licenses you currently have or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity? YES NO
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

4. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage
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OR I certify that I am not required to carry workers' compensation insurance because: I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

5. VEHICLES

Will there be vehicles used in the business? YES NO (Attach additional sheets if necessary.)

Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

6. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____

HEALTH ADDENDUM

PART 1 – TO BE FILLED OUT BY APPLICANT	
1. BACKGROUND INFORMATION	
Name of Business _____	Address _____
Proposed Date of Opening _____	Number of Customer Seats _____ <input type="checkbox"/> N/A
Gross Square Footage _____	Net Square Footage of the Retail Area _____ <input type="checkbox"/> N/A
License(s) Requested: _____	
As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building. (New business)	
<input type="checkbox"/> Starting a new business in an existing building. Name of previous tenant _____	
<input type="checkbox"/> Taking over an existing business. (New owner) Name of existing business _____	
<input type="checkbox"/> Remodeling.	
<input type="checkbox"/> Equipment changes. Provide equipment information and photos.	
<input type="checkbox"/> Adding new license to an existing business.	
2. FOOD PROCESSES – CHECK ALL THAT APPLY	
<input type="checkbox"/> Canning and pickling	<input type="checkbox"/> Raw and undercooked proteins (eggs, meats, poultry, fish, seafood)
<input type="checkbox"/> Curing and smoking using nitrates or nitrites (pink salt)	<input type="checkbox"/> Vacuum packaging
<input type="checkbox"/> Juice pressing or bottling	
Provide additional documentation and/or descriptions for any box checked.	
3. CERTIFIED FOOD MANAGER	
Name of Certified Food Manager _____	<input type="checkbox"/> Attach a copy of current MN Dept of Health certificate .
4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION	
If your business caters, distributes, or transports food from one location to another, please provide the following information in	
<input type="checkbox"/> Name and location of commissary kitchen	<input type="checkbox"/> How food will be protected during transport
<input type="checkbox"/> Who and where food is distributed	<input type="checkbox"/> Who and where food is distributed/transported to
<input type="checkbox"/> Description and method of distribution (hot vs cold)	<input type="checkbox"/> List and spec sheets of equipment for storing and transporting foods (must be NSF or equivalent)
<input type="checkbox"/> Description and method of transportation	
5. CONSTRUCTION/REMODELING	
Is there any construction/remodeling in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work will you be doing? <input type="checkbox"/> General Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Other(Explain)	
Have plans been submitted to: Minneapolis Development Review <input type="checkbox"/> Yes <input type="checkbox"/> No Environmental Health Plan Review <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you obtained the necessary permits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant _____	Date _____
PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER	
Is a Plan Review required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there outstanding upgrades or compliance issues? <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> See attached report.	
Final Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes. I recommend to License Department to proceed.	
<input type="checkbox"/> No. This application is not recommended to License Department to proceed. Reason for Hold:	
RISK LEVEL: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Signature of EH Official _____	Printed Name: _____ Date: _____

Mobile Food Vehicle Vendor Plan Review

Submit a completed plan review application and the plan review fee at Minneapolis Development Review, 250 South Fourth Street, Room 300. The plan review fee must be paid with a check or money order made payable to Minneapolis Finance Department when the plans and specifications are submitted.

Application Requirements

1. Complete a list of menu items served or sold
2. Equipment list and cut sheets to support the menu preparation
3. Details on food preparation, methods and processes
4. Name and address of the affiliated licensed food establishment in Minneapolis OR written consent from the affiliated licensed food establishment in Minneapolis
5. Additional equipment or changes for applicant use in the affiliated licensed food establishment
6. Copy of the current MDH Food Manager Certification
7. Copy of the standard operating procedures for cleaning and sanitizing the equipment and vehicle at the affiliated licensed food establishment in Minneapolis
8. Documented process of filling for fresh water
9. Documented process of dumping of the grey water

Plans & Specifications

1. Floor plan drawn to scale
2. Location of all equipment
3. Finish schedule of floor, coving, walls and ceiling
4. Manufacturer's specification sheets with the NSF approval
5. Water heater capacity
6. Fresh water capacity
7. Grey water capacity

Plan Review Fee

1. [Fees](#) are listed on the Business Licenses' website.
2. The fee will be listed in the "Food" section under "Food Plan Review Fees."
3. Use the following risk category definitions to determine your fee:

Risk 1: Potentially hazardous foods that require extensive processing including but not limited to handling, cooling, reheating, holding for service and/or advanced preparation.

Risk 2: Foods that require minimal holding time, less extensive processing, but extensive handling. Examples include meat market, fast food, bakery, pizza shop or a facility that serves a large volume of foods.

Risk 3: Foods that do not meet Risk 1 or Risk 2 criteria such as prepackaged food items: pop, chips, candy, frozen treats, canned goods, bottled milk, for example.

Final Environmental Health Inspection

A final inspection will be required prior to approval of the permit to operate. Call 311 or 612-673-3000 and request a "Food Safety Call Back Request."



ENVIRONMENTAL HEALTH & FOOD SAFETY
250 SOUTH 4TH STREET, ROOM 300
MINNEAPOLIS, MN 55415
PHONE: (612) 673-2170, FAX: (612) 673-5819

FOR OFFICE USE ONLY	
LICENSE ID NUMBER:	
FEE: \$	
LICENSE CLERK:	DATE:

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

FORM #3

BUSINESS & OWNER INFORMATION

NAME OF PROPOSED BUSINESS (PLEASE PRINT):		TELEPHONE NUMBER:	
STREET ADDRESS OF PROPOSED BUSINESS:		CITY:	STATE: ZIP CODE:
NAME OF OWNER:	EMAIL ADDRESS:	TELEPHONE NUMBER:	
MAILING ADDRESS OF OWNER	CITY:	STATE:	ZIP CODE:

APPLICANT INFORMATION

NAME OF APPLICANT:		TELEPHONE NUMBER:	
MAILING ADDRESS OF APPLICANT		CITY:	STATE: ZIP CODE:
TITLE OF APPLICANT: (OWNER, MANAGER, ARCHITECT, CONSULTANT, ETC.)		EMAIL ADDRESS:	

CONSTRUCTION CATEGORY (check one)

- | | |
|--|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> CHANGE OF LOCATION |
| <input type="checkbox"/> REMODEL (New Owner, Same Business) | <input type="checkbox"/> REMODEL (New Owner, Different Business) |
| <input type="checkbox"/> REMODEL (Same Owner, Same Business) | <input type="checkbox"/> REMODEL (Same Owner, Different Business) |

LICENSE CATEGORY (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> GROCERY |
| <input type="checkbox"/> FOOD MANUFACTURER | <input type="checkbox"/> CONFECTIONERY |
| <input type="checkbox"/> MEAT MARKET | <input type="checkbox"/> OTHER: (Please specify) _____ |

TYPE OF SERVICE (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> SIT DOWN MEALS | <input type="checkbox"/> MOBILE VENDOR | <input type="checkbox"/> OTHER: (Please specify) _____ |
| <input type="checkbox"/> TAKE OUT | <input type="checkbox"/> DELIVERY | _____ |
| <input type="checkbox"/> CATERING | <input type="checkbox"/> LIQUOR | _____ |

PROPOSED HOURS OF OPERATION (Must Conform to City of Minneapolis Ordinances)

- | | |
|---|--|
| <input type="checkbox"/> SUNDAY: _____ | <input type="checkbox"/> THURSDAY: _____ |
| <input type="checkbox"/> MONDAY: _____ | <input type="checkbox"/> FRIDAY: _____ |
| <input type="checkbox"/> TUESDAY: _____ | <input type="checkbox"/> SATURDAY: _____ |
| <input type="checkbox"/> WEDNESDAY: _____ | |

OTHER INFORMATION

TOTAL SQUARE FOOTAGE OF FACILITY: _____	NUMBER OF SEATS: _____
NUMBER OF EMPLOYEES (Max per shift): _____	NUMBER OF FLOORS OPERATIONS ARE CONDUCTED: _____
PROJECTED DATE FOR START OF PROJECT: _____	
PROJECTED DATE FOR COMPLETION OF PROJECT: _____	
NAME OF CERTIFIED FOOD MANAGER: _____ COURSE DATE AND/OR EXPIRATION DATE: _____	

Note: If processing potentially hazardous food products, must have certified food manager onsite before opening for business.

PRINT NAME:	SIGNATURE OF APPLICANT:	DATE SIGNED:
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Fees must be paid when plans are submitted (see "Food Establishment Plan Review Guide" for risk and fee).
MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNEAPOLIS FINANCE

This document must be stapled and all pages attached to avoid processing errors. Page 6 of 10 - February 2016

MOBILE FOOD VEHICLE REQUIREMENTS

1. Vehicles must provide independent power supply which is screened from view. Generators are permitted. Indicate this in your specification and/or drawing.
2. The height of the mobile food vehicle, including all accessory equipment, cannot exceed thirteen feet six inches (13' 6").
3. Vehicles may not have external signage, bollards, seating or any other equipment not contained within the vehicle. Signs must comply with [Zoning Code](#) requirements.
4. Vehicles may not maintain or use outside sound amplifying equipment, televisions or other similar visual entertainment devices, lights or noisemakers such as bells, horns or whistles.
5. Propane tanks must be attached to, or within, the mobile food vehicle and the mobile food vehicle must allow for adequate ventilation and screening of the tank.
6. The mobile food vehicle shall meet all requirements needed to obtain licenses from the City of Minneapolis and the State of Minnesota.

Drawing / Photograph Requirements:

1. One (1) isometric drawing, 2" = 1', in color of at least two views showing all four sides of the proposed mobile food vehicle and any logos, printing or signs which will be incorporated in the design. For existing mobile food vehicles, a 5" x 7" color photograph may be substituted.
2. Any additional items such as color and material samples, layouts of signs, graphics or photographs which are necessary to evaluate the proposed design.
3. All drawings, discs, and photographs are non-returnable.

STREET LOCATION OPERATING REQUIREMENTS

1. [Street locations](#) are available to all licensed vendors daily on a first-come first-served basis.
2. Mobile food vehicle license holders must comply with all ordinances, regulations, parking zones and posted signs.
3. Vehicles must be parked within one foot of the curb.
4. Sales must be made only on the curbside of the vehicle.
5. If vehicle is parked at a meter, fees must be paid. Additionally, owner/vehicle cannot
 - a. occupy more than two parking spaces (including space required for trailer, hitch, etc);
 - b. violate meter restrictions including short-term, hooded, and temporarily out of service meters;
 - c. park at a meter located on a bicycle lane;
 - d. or reserve, block or barricade any metered parking spot.
6. An obstruction permit is required for vehicles operating in bus lanes. <http://www.minneapolismn.roway.net/>.



**City of Minneapolis
Licenses and Consumer Services**

350 South 5th Street – Room 1
Minneapolis, MN 55415–1391
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

**MOBILE FOOD VEHICLE VENDOR SITE REQUIREMENTS
For Parking Lot Locations
(This is not required for Street Locations.)**

1. Private property parking lot locations require written consent from the owner and must be approved. There may be up to three vendors in parking lots located outside of downtown.
2. Mobile food vehicles cannot block drive aisles, substantially impair the movement of pedestrians or vehicles, or pose a hazard to public safety. Pedestrian walkway of no less than six (6) feet must be maintained around the mobile food vehicle. Ingress and egress must be through existing driveway openings only.
3. Mobile food vehicles cannot be located
 - a. adjacent to a bus stop, taxi stand, or handicap loading zone;
 - b. within thirty (30) feet of an intersection or within three (3) feet of a curb; or
 - c. directly in front of a commercial entryway.
4. Mobile food vehicles may not be located within five hundred (500) feet of a civic event or a regional sports arena, without written consent of the organization.
5. The site shall not be within
 - a. (10) ten feet of the intersection of the sidewalk;
 - b. (8) eight feet of the adjacent property line;
 - c. (10) ten feet of the extension of any building entrance or doorway, to the curb line; or
 - d. (10) ten feet of any access ramp or parking space designated as disabled.

Site Plan Requirements:

1. A site plan drawing, 2" = 1' or ¼" = 1', showing the mobile food vehicle location in relation to fixed elements on the site. This should be submitted on 8 ½ x 11 paper. Include DBA, licensed kitchen address/location, and name and telephone number of contact person.
2. Label street names and the location where the mobile food vehicle will be parked.
3. Provide a description of how the vehicle will access the site.
4. Include measurements of the distance from the site to:
 - a. sidewalk intersection
 - b. adjacent property line
 - c. building entrance
 - d. parking lot entrance and exit
 - e. handicap parking spots



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LETTER OF CONSENT

This letter hereby authorizes _____ to park a mobile food vehicle adjacent to
 (Owner of mobile food vehicle)

my restaurant private property park board property located at _____.
 (address of property)

This consent shall run concurrent with the license. If at any time the license expires or is revoked, this consent shall be void. The owner and operator of the mobile food vehicle is required to comply with all applicable sections of the Minneapolis Code of Ordinances (MCO) and State of Minnesota statutes. Failure to do so will cause the license for said location to be revoked.

I understand this consent may be revoked in writing with the revocation to become final on March 31st of the same calendar year.

I understand that no monetary compensation, either present or future, is involved in the granting of this consent.

The mobile food vehicle vendor agrees to hold harmless the property owner park board for any claims for damage to property or injury to persons which may be caused by any activity in connection with the issuance of any mobile food vendor license.

**OWNER
 OF
 PROPERTY
 OR
 PARK
 BOARD
 REPRESENTATIVE**

Name _____
 (please print)

Signature _____
 (owner or legal representative)

Title _____

Telephone Number _____

Date _____

VENDOR

Name _____
 (please print)

Signature _____
 (owner of mobile food vehicle)

Telephone Number _____

Date _____

City of Minneapolis Requirements for Insurance Certificates

#7

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending,
binder or TBA.

The Legal/Corporate Name
must match exactly
(word for word) to the
Approved Licensee Name
(including Inc, or LLC),
Trade Name (DBA)
and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <hr/> INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
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COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY † COMMERCIAL GENERAL LIABILITY † CLAIMS MADE † OCCUR † _____ † _____ GEN'L AGGREGATE LIMIT APPLIES PER: † POLICY † PROJECT † LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE PRODUCTS - COM/POP AGG \$
	AUTOMOBILE LIABILITY † ANY AUTO † ALL OWNED AUTOS † SCHEDULED AUTOS † HIRED AUTOS † NON-OWNED AUTOS † _____ † _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY † ANY AUTO † _____				AUTO ONLY - (Ea Accident) \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY † OCCUR † CLAIMS MADE † DEDUCTIBLE † RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED: INSURER LETTER

Original signature or stamp of Agent.

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1 City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.