



COMMUNITY DEVELOPMENT, LICENSING
14600 MINNETONKA BLVD
MINNETONKA, MN 55345

Phone: 952/939-8274
Fax: 952/939-8244
Email: vnorthway@eminnetonka.com

TO: APPLICANT FOR FOOD VENDING MACHINE (OWNER/OPERATOR) LICENSE
FROM: VALERIE NORTHWAY, LICENSING COORDINATOR

Attached are the license application forms for food vending machines that will be located within the City of Minnetonka.

The application documents you will need are the following:

1. Minnetonka Application form
2. Minnesota Business Tax Identification form
3. Workers' Compensation Insurance form
4. Proof of General Liability Insurance: **Bodily Injury \$500,000 each claim, 500,000 each occurrence; Property Damage \$100,000.**
5. For license fee, follow this link to the [Food License Fee Schedule](#) for the current year – look under Food Vending Machines. Make checks payable to "City of Minnetonka"

Complete the forms (#1-3). For item #4, call your insurance company and ask that they include the City of Minnetonka as Additionally Insured and also as Certificate Holder on their insurance certificate, and that the limits of insurance indicated in #4 above are met. Mail all 4 documents together with the fee (#5) to the address shown above.

The application will be processed within seven days. The licensing year is January 1 through December 31, and the licensing fee may not be pro-rated.

An annual renewal notice will be sent approximately 30 days prior to the expiration date (to the address you designate on the application.) However, if the renewal forms do not reach you, it is your responsibility to contact the city to renew your license every year by December 31.

If you have any questions or need my assistance, please call or contact me (see top of page).



APPLICATION/LICENSE FOR FOOD VENDING MACHINES

CITY OF MINNETONKA - Licensing
14600 MINNETONKA BLVD.
MINNETONKA, MN 55345

(952) 939-8274 Fax: (952) 939-8244 email: vnorthway@eminnetonka.com

FOR OFFICE USE ONLY

When signed by Director, this application becomes your LICENSE.

Approved by: _____
Community Development Director

Date: _____

FOR OFFICE USE ONLY

LICENSE #: _____

LICENSE PERIOD

January 1, 20____ through December 31, 20____

Vendor Name (name of a corporation or owner): _____

Primary Officer (and title) or owner name: _____

Corporation/owner Street Address: _____

Corporation/owner City, State. Zip: _____

Telephone number (_____) _____ Contact person's name: _____

Billing name and mailing address- if different from above: _____

LOCAL CONTACT=name and phone (if owner is not local, you must name a local contact person): _____

MACHINES ARE INSTALLED AT THE FOLLOWING LOCATIONS :

(If more space needed, use second page – If machines are added later, you must report that information immediately.)

	BUSINESS NAME	BUSINESS ADDRESS	# of MACHINES	Lic.#
1				
2				
3				
4				
5				

TOTAL number of machines from additional page 2= _____

GRAND TOTAL of all machines: _____

Fee per machine – see Food License Fee Schedule: Food Vending Machines = _____

Total fee enclosed (grand total of all machines times (x) the fee per machine = _____

If a corporation, this application must be signed by an officer of the corporation.

I, (we), the undersigned, have complied with all requirements of the city code of the City of Minnetonka necessary for obtaining this license. Now, therefore, I (we) hereby make application to operate on said license subject to all conditions and provisions of these ordinances.

Applicant's Signature
Rev. june 2010

PRINT Applicant Name & Title

Date
I:\Licensing\Food Vending\application

ADDENDUM SPECIFYING ADDITIONAL VENDING MACHINE LOCATIONS

	BUSINESS NAME	BUSINESS ADDRESS	# of MACHINES	Lic.#
6				
7				
8				
9				
10				
11				
12				
13				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd.4, the licensing authority is required to provide, upon request of the Minnesota Commissioner of Revenue, either the applicant's Minnesota business tax identification number with the business name and address – or the social security number of the primary officer, along with their complete name, home address, and home phone number.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

NAME UNDER WHICH THE MN TAX ID IS FILED (licensee name)			Type of license applying for:		
Licensee: Address	L City	L State	L Zip	L Phone	
Establishment: Name			Minnetonka License Number (completed by Minnetonka)		
Establishment: Address	E City	E State	E Zip	E Phone	
Minnesota Tax Identification Number		Federal Tax Identification Number			

Be sure to sign and date at bottom of form.

INSTRUCTIONS FOR BOXES BELOW:

1. **If all boxes above are completed, including both the Minnesota and Federal Tax numbers, no additional information is required by the MN Department of Revenue below.**
2. **However, if all boxes above are not completed, Minnesota law requires personal information about the primary owner or primary officer. In this case you must complete all boxes below, including the owner or primary officer's social security number, home address, and home phone. (NOTE: If the business and home address are the same, please check the box indicating this.)**

Applicant's (person's) name (LAST, first, middle initial)		Social Security Number	
Home address <input type="checkbox"/> Check if address is for both home & business	Home City, State, Zip code		Home Phone number

Signature: _____ Date: _____

Certificate of Compliance

Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name – local establishment name – only if different than above)

DBA/LOCAL BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.
You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

NUMBER 2 COMPLETE THIS PORTION IF YOU ARE SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF YOU ARE EXEMPT:

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

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____.
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
--	--------------	-------------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.