
APPLICATION FOR MOBILE FOOD VENDORS

City of Cambridge Code of Ordinances, Title XV, Chapter 156.093

Vendor Name/Business Name: _____

Address of where the Mobile Food Vendor is to park and serve food:

Central Green Park
1450 East Rum River Drive
Cambridge, MN 55008

Zoning District:

- Commercial/Business
- Event Name: **2025 Winter Festival**
 - Who is hosting the Event: **City of Cambridge**
 - Date and time of Event: **February 22, 2025 from 12-4pm**

Length of Time for License:

- Per Day - \$25 **fee waived for City-hosted event (no cost)**

Type of License:

- Mobile Food Unit
 Seasonal Permanent Food Stand
 Seasonal Temporary Food Stand

State of Minnesota Authorizing Agent

(must attach copy of license received from state):

- Minnesota Dept of Health
 Minnesota Dept of Agriculture

MN Tax ID Number (required): _____

- I understand that the City of Cambridge has a sales tax.

Type of items to be sold: _____

- I understand that hours of operations shall be between the hours of 12pm-4pm.

Site Plan will be completed by City Staff, and I will be directed on where to park.

All mobile food vendors must have a background check to be completed prior to the license being issued. A background check can take up to ten business days.

By signing this application, the applicant understands they shall hold harmless the city, their officers and employees, and shall indemnify the city, and their officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of the license.

Applicant's Signature: _____ Date: _____

Names/Information for Applicant

Applicant's Full First Name:	Applicant's Full Middle Name:	Applicant's Full Last Name:
Date of Birth:	Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Street Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Driver's License Number (include a color copy of driver's license):		

Names/Information for people associated with this business

Applicant's Full First Name:	Applicant's Full Middle Name:	Applicant's Full Last Name:
Date of Birth:	Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Street Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Driver's License Number (include a color copy of driver's license):		

Applicant's Full First Name:	Applicant's Full Middle Name:	Applicant's Full Last Name:
Date of Birth:	Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Street Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Driver's License Number (include a color copy of driver's license):		

Have you ever had a Mobile Food Vendor License revoked? Yes No If yes, why? _____

Informed Consent for Background Investigation for Mobile Food Vendor Permit Application
(A separate form must be filled out for each applicant, officer, and/or partner)

A color copy of your driver's license must be submitted with this form.

The following named individual has made application with this the City of Cambridge for a Mobile Food Vendor Permit. In order to determine if the applicant is eligible to receive the license, a criminal history check must be conducted. The information provided below is to assist the Minnesota Bureau of Criminal Apprehension's investigation.

PLEASE PRINT LEGIBLY

Last Name of Applicant	Full First Name	Full Middle Name
Any Maiden, Alias or Former Name(s)		
Date of Birth (MM/DD/YYYY)	Sex	Race

I, _____, authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Cambridge and the Cambridge Police Department for the purpose of conducting a criminal background check for determining eligibility for a peddler's permit or transient merchant license.

The authorization shall expire one year from the date of my signature.

Applicant's signature

Date

STATE OF _____)
COUNTY OF _____)

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this ____ day of _____, 20____.

Notary's signature

Operator Certificate of Compliance

Read the information on the back before completing this certificate. **Person selling at event:** Complete this certificate and give it to the operator/organizer of the event. **Operator/organizer of event:** Keep this certificate for your records.

Do not send this form to the Department of Revenue.

Print or Type	Name of Business Selling or Exhibiting at Event		Minnesota Tax ID Number	
	Seller's Complete Address		City	State ZIP Code
	Name of Person or Group Organizing Event			
	Name and Location of Event			
	Date(s) of Event			

Merchandise Sold	Describe the type of merchandise you plan to sell.

Sales Tax Exemption Information	Complete this section if you are not required to have a Minnesota tax ID number.
	<input type="checkbox"/> I am selling only nontaxable items.
	<input type="checkbox"/> I am not making any sales at the event.
	<input type="checkbox"/> I participate in a direct selling plan, selling for _____ (name of company), and the home office or top distributor has a Minnesota tax ID number and remits the sales tax on my behalf. This is
	<input type="checkbox"/> a nonprofit organization that meets the exemption requirements described below:
	<p>_____ Candy sold for fundraising purposes by a nonprofit organization that provides educational and social activities for young people primarily aged 18 and under (MS 297A.70, subd. 13[a][4]).</p> <p>_____ Youth or senior citizen group with fundraising receipts up to \$20,000 per year (\$10,000 or less before January 1, 2015)(MS 297A.70, subd. 13[b][1]).</p> <p>_____ A nonprofit organization that meets all the criteria set forth in MS 297A.70, subd. 14.</p>

Sign Here	<i>I declare that the information on this certificate is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.</i>	
	Signature of Seller	Print Name Here
	Date	Daytime Phone

PENALTY — Operators who do not have Form ST19 or a similar written document from sellers can be fined a penalty of \$100 for each seller that is not in compliance for each day of the selling event.

Information for Sellers and Event Operators

Operators/organizers of craft, antique, coin, stamp or comic book shows; flea markets; convention exhibit areas; or similar events are required by Minnesota law to get written evidence that persons who do business at the show or event have a valid Minnesota tax ID number.

If a seller is not required to have a Minnesota tax ID number, the seller must give the operator a written statement that items offered for sale are not subject to sales tax.

All operators (including operators of community sponsored events and nonprofit organizations) must obtain written evidence from sellers.

Certain individual sellers are not required to register to collect sales tax if they qualify for the isolated and occasional sales exemption. To qualify, all the following conditions must be met:

- The seller participates in only one event per calendar year that lasts no more than three days;
- The seller makes sales of \$500 or less during the calendar year; and
- The seller provides a written statement to that effect, and includes the seller's name, address and telephone number.

This isolated and occasional sales provision applies to individuals only. It does not apply to businesses.

Sales Tax Registration

To register for a Minnesota tax ID number, call 651-282-5225.

A registration application (Form ABR) is also available on our website at www.revenue.state.mn.us.

Information and Assistance

If you have questions or want fact sheets on specific sales tax topics, call 651-296-6181.

Most sales tax forms and fact sheets are also available on our website at www.revenue.state.mn.us.

For information related to sellers and event operators, see Fact Sheet #148, *Selling Event Exhibitors and Operators*.

We'll provide information in other formats upon request to persons with disabilities.