



City of Pine Island
 250 South Main Street
 PO Box 280
 Pine Island, MN 55963

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MOBILE BUSINESS UNIT PERMIT APPLICATION

[Pine Island Code of Ordinance Section 6.40](#) applies to Mobile Business Units operating on public property, or a public park and requires a permit from the City. The application shall be submitted to the City Clerk at least 20 days before the date of desired issuance to provide adequate time for review. The City Council shall act upon Mobile Business Unit permit applications at a regular or special Council meeting.

Permits must be renewed annually, with the permit expiring on December 31st of the issuance each year. The current annual fee is set at \$200 per unit, per year.

CHECKLIST OF MATERIALS REQUIRED FOR LICENSE APPROVAL

Staff Initials	
	1. <input type="checkbox"/> Permit Application Completed
	2. <input type="checkbox"/> \$200 Annual fee
	3. <input type="checkbox"/> Certificate of insurance showing coverage against liability imposed by law arising out of the ownership, maintenance, or operation of such mobile business unit in amounts of at least \$500,000 for the injury or death of one person, \$1,500,000 for the injury or death of two or more persons, and \$10,000 for damage to property. The city shall be named as an additional named insured in the policy providing such insurance and provisions against cancelling except upon 10 days written notice to the Clerk.
	4. <input type="checkbox"/> A description of the goods and/or services offered for sale.
	5. <input type="checkbox"/> A five-year history of the applicant's felony, gross misdemeanor or misdemeanor convictions, as well as any criminal charges currently pending against the applicant.
	6. <input type="checkbox"/> Copies of all permits or licenses issued to the applicant by state or local health authorities.
	7. <input type="checkbox"/> Evidence of Workers' Compensation insurance.
	8. <input type="checkbox"/> A signed statement that the applicant will defend, indemnify, and hold the city harmless from any and all claims for damage to property or injury to persons which might result or arise out of the applicant's operation of a mobile business unit as permitted by this chapter.
	City Council Approval of License requires items 1-8 to be complete

Fill in all blanks. Write N/A if a question is not applicable.

Is this a renewal of an existing or previous license with the City of Pine Island? YES NO

STEP 1. APPLICANT INFORMATION

1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other

7. Email Address

8. Mailing Address	9. City	10. State	11. Zip Code
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12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Business Address	13. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____
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Information about primary point of contact for this license (if different than above)

14. First Name		15. Last Name	
16. Primary Telephone Number	17. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	18. Alternate Phone Number	19. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other

20. Email Address	21. Role of primary contact: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____
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License Holder Information

Provide information about who this license will be issued to

22. Business Federal Tax ID Number	23. Business State Tax ID Number		
24. Entity license will be issued to (Legal Corporate Name of Business including LLC, Inc., Co., etc., or, <i>only if sole proprietor</i> , name of individual)	25. Business Trade Name (DBA) if different than legal name		
26. Business Address	27. City	28. State	29. Zip Code

STEP 2. LICENSE DETAILS

License Information

30. Type of Ownership

Corporation LLC
 Sole Proprietor Partnership Non-profit

31. Do you hold any permits from the State of Minnesota, Goodhue/Olmsted County associated with the mobile business unit activity?
 Yes No

If yes, please attach copies of those permits to this application.

32. Describe the mobile business unit, including services to be provided.

33. Listing of Products to be sold from the mobile business unit.

Information About Individuals Responsible For Operations

34. Will anyone other than the primary contact person be operating the mobile business unit on public property?

Yes No

35. If so, please indicate the names and contact information for anyone else responsible for operating the unit on public property:

36. Have any responsible individuals been convicted of a felony, gross misdemeanor or misdemeanor within the past five years?

Yes No

If yes, please provide details:

37. Are any criminal charges currently pending against any responsible individuals?

Yes No

If yes, please provide details:

Insurance Information

Policy information must be verified before license approval. You must provide copies of all required insurance certificates for liability insurance and worker’s compensation insurance.

Worker’s Compensation Insurance

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.

STEP 3. REQUIRED DOCUMENTS

Submit the following required documents:

- **Completed application and fee**
- **Proof of liability insurance for the current year**
- **Proof of worker’s Compensation insurance, unless exempt**
- **Copies of any permits required by state or local health authorities**
- **Description of the Unit – diagrams or attachments**

STEP 4. REVIEW & VERIFICATION

Notice of Collection of Private Data

The information collected and required as part of a license application will be used to determine eligibility for a City of Pine Island License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Pine Island is unable to process this application.

Social Security Numbers, if provided, are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program. Disclosure of a Social Security Number (or Individual Tax ID Number only for individuals without a social security number), and a Minnesota Tax ID Number is required by Minnesota Statutes 270C.72, and this information may be requested by and released to the Minnesota Commissioner of Revenue.

All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.

A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE OWNER, PARTNER, OR OFFICER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Pine Island and understand I can review all City ordinances on the City website or in the City Clerk’s Office.

I affirm I have no intention or agreement to transfer the permit being applied for to another person or entity, or to allow any other person or entity to operate under the authority of this permit. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant _____ Printed Name _____
Date _____