

Application Checklist



City of Wyoming
 26885 Forest Blvd.
 Wyoming, MN 55092
 Phone: 651-462-0575
www.wyomingmn.org

Submit completed items below to:
 Office of the City Clerk
 Attn: Assistant City Administrator
 26885 Forest Blvd.
 Wyoming, MN 55092

2026 License Application Guidelines and Checklist

License Type: <input type="checkbox"/> Mobile Food Unit / Food Truck	
DEFINITIONS: (see City Code 12-201 for full definitions): A “ Mobile Food Unit ” is hereby defined to be any food and/or beverage service establishment that is a vehicle mounted unit.	
Business Owner Checklist:	
<input type="checkbox"/>	1. License Application (Form #1)
<input type="checkbox"/>	2. Location / Temporary Sign Info (Form #2)
<input type="checkbox"/>	3. Property Owner Permission Form (Form #3)
<input type="checkbox"/>	4. Minnesota Workers' Compensation Liability (Form #4)
<input type="checkbox"/>	5. Background Consent Form (Form #5)
<input type="checkbox"/>	6. License Fee for each Food Truck:
<input type="checkbox"/>	Per Day: \$25 (2026)
<input type="checkbox"/>	Per Week: \$75 (2026)
<input type="checkbox"/>	Per Year (21 days of service or fewer no matter if it is multiple locations): \$150 (2026)
<input type="checkbox"/>	Per Year (no more than 21 days in one location per year): \$250 (2026)
Your License Application:	
<ul style="list-style-type: none"> Incomplete and/or illegible applications will be returned. All applications must be signed by an owner, partner, or principal. Licenses are not transferable. Make a duplicate copy of this packet for your personal records before submitting. 	<ul style="list-style-type: none"> Minnesota Sales Tax ID (651) 296-6181 Federal Tax ID/Employer Identification Number (651) 312-8082 Multiple licenses must be filed individually and may not be combined. Applications process within 21 business days



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Form #1

License Application

Food Truck Business Information:			
Complete Legal Business Name:			
Food Truck Name/Doing Business as Name (if different from Corporate Name):			
MN Business Tax ID#:		Federal Tax ID#:	
Address of Business:	Street:		
	City:		
	State:	Zip:	
Description of the Food You Offer:			
Describe type and content of advertising to be done:			
Food Truck Vehicle Information:			
Vehicle License Plate #:			
State of Issuance:			
License Year:			
Color of Vehicle:			
Make / Model of Vehicle:			
Vehicle Insurance Company:			
Policy Number:			
Date of Insurance Coverage:			
Owner Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Permanent Home Address:	Street:		
	City:		
	State:	Zip:	
Social Security #			
Cell Phone #:		Business Phone #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you or your business violated any provisions in the Wyoming City Code during the last two years? If yes, please explain:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you licensed by the MN Health Department? *Please provide a copy of license.			



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Form #1

Licensed Location Information:

- I understand that I am required to hold a City of Wyoming issued Mobile Food Truck License for **each location** my food truck occupies (unless otherwise stated by City Code).
- I understand that I am required to submit **Form #2 of the application** for **each** location, including a map/drawing showing the placement of the food truck at the property with details indicating distances from roadways, access points, other structures, parking, and temporary signs or permanent signs.)
- I also understand that I must obtain written permission (**Form #3 of the application**) from the property owner of **each** location. By signing this form, they give you permission to use the premises.

The following is a list of locations that I plan to occupy with my food truck and wish to be licensed for (add additional pages if needed):

1. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

2. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

3. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

4. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

5. Name of Business Location: _____

The Address is: _____

The following forms are attached for this location: Form #2 & Form #3

Hours of Operation:

- I understand that City Code 12-206 states that food trucks can only operate between the hours of 9:00 a.m. and 10:00 p.m.



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Form #1

I have read the applicable City Code and will strictly comply with all the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.

TENNESSEN WARNING

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Tennessee Warning and certify that the statements in this application are true and correct to the best of my knowledge.

Date: _____ **Signature:** _____



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Form #2

Location of Mobile Food Truck Doing Business from Fixed Location

- I understand my mobile food unit/food truck doing business from a fixed location must observe to the following requirements:
- Food trucks shall operate only during the hours of 9:00 a.m. to 10:00 p.m.
 - Food trucks may not obstruct the movement of pedestrians or vehicles and may not pose a hazard to public safety.
 - Food trucks must dispose of their gray water daily and may not be drained into city storm water drains.
 - Refuse containers must be provided for customers. The operator of the food truck is responsible for removing all litter and refuse associated with their operations.
 - All structures, vehicles, stands, fixtures, displays and signs must be removed from the site within 24 hours after the expiration of the license.
 - Food trucks may not operate at the same property for more than 21 days per calendar year.
 - Food trucks may not be located within 200 feet of an existing restaurant or coffee shop, measured from the food truck to the entrance of the service building.

You are required to submit a drawing or a map showing the details of your food truck occupying space at the property. The details should include dimensions and distances from adjoining roadways, parking, access points, fire lanes, pedestrian lanes, other structures, circulation lanes, permanent and temporary signs and any other features.

Attached is a map of the premises and temporary signs where food truck will be located

(OR)

A drawing of the premises and temporary signs where food truck will be located is in the space below

- I understand that I am allowed one temporary ground sign per location without a temporary sign permit. All other signs require a permit from the Building & Zoning Department and I am responsible for contacting them at 651-462-0575 to obtain the permit. I also understand the temporary ground sign must meet the following requirements:
- One single sandwich style sign is permitted per mobile food unit;
 - The maximum sign size is 8 square feet;
 - The sign must be placed on the ground and within 10 feet of the mobile food unit;
 - The sign must not be placed within the public right-of-way except with the express written permission of the city.

I have read and understand the above information.

Date

Signature



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Form #3

WRITTEN PERMISSION OF PROPERTY OWNER

Written permission from the property owner for use of the premises must be obtained before a license will be issued.

I, _____, certify that I am the owner of property located at _____, and give permission to _____ operate a Mobile Food Unit/Food Truck business at this location on the dates requested and hereby agree to reimburse any costs incurred by the City as a result of clean-up or be responsible for assessment of those costs against the property.

Date	Printed Name	Signature
Address	Telephone Number	



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Form #4

MINNESOTA WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: *Note: This is NOT the insurance agent.	
Telephone Number:	
Policy Number:	
Dates of Coverage: *Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.	

(OR)

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

- I have no employees.
- I am self-insured (include permit to self-insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	
I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.	
Date:	Signature:



Form #5

STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(Provide a separate authorization form for each partner/officer/owner/manager named on the application and a copy of their Driver's License)

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Wyoming its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. **Background checks may take up to 60 days to complete.** I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Wyoming City Code, which is available on the City website at www.wyomingmn.org and to be familiar with and abide by the laws of the City of Wyoming and the State of Minnesota relating to this licensure. I understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Last Name	First Name	Middle Name
Former Names and Aliases		
Date of Birth	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female

Signature of Applicant: _____

Title: _____ Date: _____