



### 2018 LICENSE APPLICATION FOR FOOD, BEVERAGE or LODGING ESTABLISHMENTS

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND PENALTIES MAY BE ASSESSED**

PLEASE PRINT OR TYPE, CHECK ALL APPLICABLE BOXES

**NOTICE TO ALL APPLICANTS:** Minnesota Statutes, section 270.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes section 176.182 also requires information regarding worker' compensation insurance. All data submitted in this application are public data except the individual social security number, which is private.

**CHECK THE LICENSE TYPE**

- Renewal - License Number: \_\_\_\_\_
- Ownership Change – Previous Owner \_\_\_\_\_
- \*\* Renovation of current establishment (Plan review approval date: \_\_\_\_\_)
- \*\* New Establishment – Opening Date \_\_\_\_\_

**\*\* You must submit plans for new construction or alternations. No license will be issued until all requirements have been met.**

**APPLICANT/OWNER INFORMATION:**

MN Business Tax identification Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**ESTABLISHMENT INFORMATION: (PLEASE CORRECT INFORMATION AS NEEDED)**

Establishment Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Business Hours/Days \_\_\_\_\_ Establishment Operated:  Year Round  Seasonal

If Seasonal, Dates of Operation: Opening Date \_\_\_\_\_ Closing Date \_\_\_\_\_

- Catering
- Carry out

Certified Food Manager: \_\_\_\_\_  
Full name Certification # Expiration Date

**WORKER'S COMPENSATION INFORMATION**

Insurance Company Name: \_\_\_\_\_

Address of Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

*Or I certify that I am not required to carry worker's compensation liability coverage because:*

- I am a sole proprietor or partner and I have no employees
- I have no employees who are covered by the worker's compensation law

**Note:** Only employees exempt by statute (spouse, parent and children) are not covered by Worker's Compensation Law.

**Base Fee (BFAE- \$150.00):** This fee is required for ALL establishments requiring a license.

**Limited Food (LFE- \$56.00):** Prepackaged food that receives heat treatment and is served in the package. Examples include: pre-packaged sandwiches, frozen pizza, continental breakfast, soft drinks, coffee, nonalcoholic beverages. This category also applies to a facility where food is delivered by a licensed caterer and utensils and dishes are washed and sanitized on site.

**Small Establishment (SE- \$105.00):** Food service with no salad bar, equipment not exceeding: one deep fat fryer; one grill; two hot holding containers; microwaves, or service of dipped ice cream/soft serve frozen desserts, or breakfast service in a bed and breakfast operation, or boarding establishments. *Establishments which do not provide catering service and which meet "Medium Establishment" equipment criteria but have a total seating capacity of 50 or less are "Small Establishments."*

**Medium Establishment (ME- \$252.00):** Food service with a seating capacity from 51-175 seats using a range, oven, steam table, salad bar, or salad prep area, more than one deep fat fryer or grill, more than two hot holding containers, or involving catering.

**Large Establishment (LE - \$398.00):** Food service with a seating capacity over 175 people that serves a full menu selection using the same or additional equipment as listed in the medium establishment definition. Establishments licensed under this category are allowed to conduct catering activities.

**Alcohol Bar Service (AL- \$152.00) (MORE THAN ONE BAR IS AN ADDITIONAL \$43.00):** An establishment where alcoholic mixed drinks are served or where beer or wine is served from a bar. If more than one bar within facility – an additional fee is charged.

**Beer or Wine Table Service (BWTS - \$40.00) –** Only beer or wine service to customers seated at tables.

**Seasonal Food Stand (\$85.00)**

- **Mobile Food Unit (MFU) –** A food and beverage service establishment that is a vehicle mounted unit, either motorized or trailered, and readily movable, without disassembling, for transport to another location. The unit can operate no more than 21 days annually at any one place unless it is operated at the site of and in conjunction with a permanent business licensed under Minnesota Statutes, chapter 157 or chapter 28A.
- **Seasonal Permanent Food Stand (SPF) -** A food and beverage service establishment that is a permanent food service stand or building, but operates no more than 21 days annually.
- **Seasonal Temporary Food Stand (STF) -** A food and beverage service establishment that is disassembled and moved from location to location. The food stand must operate for no more than 21 days annually at any one location unless approved by the by the licensing agency.
- **Food Cart (FC) -** A food and beverage service establishment that is a non-motorized vehicle self-propelled by the operator.

**Lodging (LODG - \$8.50 PER NUMBER OF UNITS):** The number of guestrooms, cottages, other rental units of a hotel, motel, lodging establishment, or resort, or the number of beds in a dormitory. Maximum fee of \$850.00

**Licensed Facility Individual Water (LFIW - \$56.00):** A private water supply that services a facility that is licensed by this agency. The water supply is other than a community public water supply. Rural water systems are considered municipal systems and are not required to pay this fee.

**Licensed Facility Individual Sewer (LFIS - \$56.00):** A private sewage treatment system that services a facility that is licensed by this agency. The sewage treatment system is other than a municipal wastewater treatment system.

**Seating capacity is defined as the total seating available in the establishment – include all dining, banquet, meeting rooms and bar areas.**

**Number of Seats in Facility** \_\_\_\_\_

**The following fees are based on previous license issued.**

**LICENSE NUMBER:**

**Please submit a check or money order for the total amount listed above payable by December 31<sup>st</sup> to:** Southwest Health and Human Services  
607 West Main St, Suite 200  
Marshall MN 56258

Applications received 1-7 days after January 31<sup>st</sup> are required to pay a \$58.00 late penalty fee.

Applications received between 8 and 30 days after January 31, are required to pay a \$116.00 late penalty fee.

After Expiration of thirty (30) days from January 31, the activity for which a license is required shall cease.

If a new license is approved, the fee shall consist of the amount set forth for new licenses plus the \$116.00 late penalty fee.

**New business or new owners:** Opening after October 1<sup>st</sup> but before January 1<sup>st</sup> is required to pay only half of the normal annual fee

**I certify that the information provided on this application is accurate and complete:**

For Office Use Only

Date Recvd:

Check #

Check Amount:

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_