



**SOUTHWEST**  
HEALTH & HUMAN  
SERVICES

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## Plan Review Application for Food and Lodging Establishments

Establishment Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Anticipated opening date/project completion: \_\_\_\_\_

### Plan Review fee:

<b>New Establishment</b>	<b>\$300</b>
<b>Seasonal Food Stand/Existing Establishment—greater than \$20,000</b>	<b>\$150</b>
<b>Existing Establishment—less than \$20,000</b>	<b>\$0</b>

Plan Review—New Establishment: Construction of a new food, beverage and lodging establishment.

Plan Review—Seasonal Food Stand/Existing Establishment: Construction of a Mobile Food Unit or Seasonal Permanent Food Stand. The remodeling of an existing food, beverage or lodging establishment in which the value of construction exceeds \$20,000.

Plan Review—Existing Establishment: Remodeling of an existing food, beverage or lodging establishment in which the value of construction and equipment does not exceed \$20,000.

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### OFFICE USE ONLY

**Date Received:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_