



Environmental Health Department Special Event License Application

SW Health and Human Services • 607 West Main Street, Suite 200 • Marshall, MN 56258
Phone: (507) 537-6713 • Fax: (507) 537-6719

Serving Lincoln, Lyon, Murray, Pipestone, Redwood and Rock Counties.

APPLICATION DATE: _____

APPLICANT INFORMATION (*Event Organizer or Manager-License will be sent to this address unless otherwise noted.*)

Name/Title: _____ Phone: _____

Address: _____

City/State/Zip: _____

ORGANIZATION INFORMATION (*4-H group, Church, etc.*)

Organization: _____ Phone: _____

Address: _____

City/State/Zip: _____

NAME OF EVENT OR FAIR: _____

Date(s) of Event: From _____ To _____

Time(s) of Event: From _____ To _____

Location of Event: _____

City/State/Zip of Event: _____

Name of Booth or Stand: _____

FEE SCHEDULE: (*Make checks payable SW Health and Human Services*)

Please check appropriate fee:

- \$10.00 One Day Special Event License
 - \$20.00 Two Day Special Event License
 - \$30.00 Three or More Days Special Event License
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LICENSING INFORMATION: (*This event is subject to an inspection*)

Complete both the front and back of this application. Send signed license application with the appropriate fee AT LEAST 7 days before the event to:

SW Health and Human Services
607 West Main Street, Suite 200
Marshall, MN 56258

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

Signature

Date

SWHHS defines a special event food stand as a food and beverage service establishment which is used in conjunction with celebrations and special events, and which operates for no more than ten total days within the applicable license period. The food stand can be a building, structure, enclosure, or any part of a building or enclosure used as an operation that prepares, serves, or otherwise provides food or beverages. All stands must be operated in compliance with the Minnesota Food Code.

**SPECIAL EVENT
FOOD SERVICE INFORMATION**

NOTE: Home-prepared food is not allowed.

FOOD OR BEVERAGE TO BE SERVED	NAME OF FOOD SOURCE	PLACE AND DATE OF FOOD PREPARATION	EQUIPMENT USED IN PREPARATION AND COLD OR HOT HOLDING

FOOD SERVICE METHODS AT STANDS:

1. Please indicate with a check mark if the stand will be using the following:
 - Single service ware (i.e. disposable plates, forks, etc.)
 - Single service foods (i.e. sugar cream, ketchup, etc.)
 - If not using single service ware, please indicate facilities for washing multi-use utensils: _____

2. Please describe the hand washing facilities that will be available: _____

3. If transporting cold/hot foods, please describe methods: _____

4. Please describe the sanitizer that will be used (i.e. bleach): _____

5. What is your water source? (Please indicate with a check mark)
 - Municipal Water Source
 - Private Well Water Source (describe type, location etc.) _____

6. Describe liquid and solid waste disposal:
 - Sewer _____Municipal _____Private
 - Holding Tank
 - Sanitary Service Providing Garbage Disposal