



Ivanhoe, MN • 507-694-1452 Slayton, MN • 507-836-6144
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 Marshall, MN • Human Services 507-537-6747 • Health Services 507-537-6713
 Redwood Falls, MN • Human Services 507-637-4050 • Health Services 507-637-4041

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:

<input type="checkbox"/>	New Establishment	\$300
<input type="checkbox"/>	Seasonal Food Stand/Existing Establishment—greater than \$20,000	\$150
<input type="checkbox"/>	Existing Establishment—less than \$20,000	\$0

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.

OFFICE USE ONLY

Date Received: _____ **Check Number:** _____ **Receipt Number:** _____