



**LICENSE APPLICATION FOR FOOD SERVICE ESTABLISHMENT, LODGING ESTABLISHMENT,
 SWIMMING POOL, MANUFACTURED HOME PARK, RECREATIONAL CAMPING AREA, YOUTH CAMP**

Application Note:

The information you are being asked to provide in this section is classified as public data under the Minnesota Data Practices Act.

FOR DEPARTMENT USE					
ESTABLISHMENT ID#				RISK	

Make Checks Payable to Washington County

<input type="checkbox"/> FIRST LICENSE for a New Establishment Date of Opening: _____	<input type="checkbox"/> NEW LICENSE for an Existing Licensed Establishment Date of Reopening: _____ Previous Owner: _____ Date of Change of Ownership: _____
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Current Establishment Information

Establishment Name:
Establishment Contact:
Establishment Address:
City, State, Zip
Establishment Phone #:
Establishment Fax #:
Establishment Email:
Establishment Website:

Owner Information

Owner First/Last Name:
Owner Business Name:
Owner Address:
City, State, Zip
Owner Phone #:
Owner Fax #:
Owner Email:

Current Corporation Information (If Different than Owner)

Corporation Name:
Corporation Contact:
Corporation Address:
City, State, Zip
Corporation Phone #:
Corporation Fax #:
Corporation Email:

Please Indicate Where You Would Like Your Correspondence Mailed

Legal Notices	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation
License Renewals	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation
Newsletters & General Information:	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation

Signature of Owner, Partner or Principal Officer:	Title _____
	Date _____

LICENSE CATEGORY AND FEE SCHEDULE

Please Check All Operations Applicable to Your Establishment

Food Establishment (Full Service)			Public Swimming Facility		
<input type="checkbox"/> Employ more than 18 employees	\$809.00	\$ _____	<input type="checkbox"/> Swimming Pool	\$353.00	(1st Pool) \$ _____
<input type="checkbox"/> Employ 18 employees or less	\$625.00	\$ _____	<input type="checkbox"/> Additional Pool		\$226.00 Each Add
Additional Facility			Specify Number of Pools _____ \$ _____		
<input type="checkbox"/> Bar	\$158.00 Each	\$ _____	<input type="checkbox"/> Whirlpool/Spa	\$296.00	(1st WP/Spa)
Number of facilities _____			<input type="checkbox"/> Additional Whirlpool/Spa		\$192.00 Each Add
<input type="checkbox"/> Kitchen	\$189.00 Each	\$ _____	Specify Number of Pools _____		
Number of Facilities _____					
Deli/Fast Food/Coffee Shop			MHP/RCA		
<input type="checkbox"/> Employ more than 18 employees	\$740.00	\$ _____	<input type="checkbox"/> MHP Class A	\$126.00 Plus \$7.35 Per Site	
<input type="checkbox"/> Employ 18 employees or less	\$557.00	\$ _____	Class B	\$126.00 Plus \$6.30 Per Site	
			Specify Number of Sites _____		
			<input type="checkbox"/> RCA Class A	\$137.00 Plus \$7.35 Per Site	
			Class B	\$137.00 Plus \$6.30 Per Site	
			Specify Number of Sites _____		
Caterer/Commissary			<input type="checkbox"/> Youth Camp	Fee Exempt	
<input type="checkbox"/> Employ more than 18 employees	\$809.00	\$ _____	<input type="checkbox"/> Retail Food	\$95.00	\$ _____
<input type="checkbox"/> Employ 18 employees or less	\$625.00	\$ _____			
Seasonal Food Establishment			<input type="checkbox"/> Certified Water Test (1st Well)	\$120.00	\$ _____
<input type="checkbox"/> Employ more than 18 employees	\$525.00	\$ _____	<input type="checkbox"/> Additional Wells	\$80.00 Each	
<input type="checkbox"/> Employ 18 employees or less	\$470.00	\$ _____	Specify Number of Wells _____		
<input type="checkbox"/> Limited Food Establishment	\$357.00	\$ _____	<input type="checkbox"/> Sanitary Survey (1st Well)	\$50.00	\$ _____
<input type="checkbox"/> Congregate Dining	\$357.00	\$ _____	<input type="checkbox"/> Additional Wells	\$30.00 Each	
			Specify Number of Wells _____		
<input type="checkbox"/> Catering Food Vehicle	\$74.00 Up To		Plan Review Fees		
Fleet of 5 or more	\$370.00 Max	\$ _____	<input type="checkbox"/> New/Initial or Extensive Remodel	\$ _____	
			(150% of Initial License Fee)		
			<input type="checkbox"/> Rush Fee (Reviewed within one week)	\$ _____	
			Initial Plan Review Fee Plus 50%		
<input type="checkbox"/> School Food Service			<input type="checkbox"/> Minor Equipment	\$121.00	\$ _____
<input type="checkbox"/> Full Base Kitchen	\$554.00	\$ _____	<input type="checkbox"/> Minor Remodeling	\$ _____	
<input type="checkbox"/> Majority Food Prepared Off Site	\$460.00	\$ _____	(100% of License Fee)		
<input type="checkbox"/> Serving Kitchen or Satellite	\$274.00	\$ _____	<input type="checkbox"/> Youth Camp Lodging	\$100.00 plus \$5.90/Room	
<input type="checkbox"/> Concession/School Sponsored			Specify Number of Sites _____		
1 School	\$42.00	\$ _____	<input type="checkbox"/> Youth Camp Food	\$494.00	\$ _____
2 – 10 Schools	\$79.00	\$ _____			
11 + Schools	\$131.00	\$ _____	<input type="checkbox"/> Exempt Organization	\$470.00	\$ _____
<input type="checkbox"/> Day Care with Food Prep	\$525.00	\$ _____	<input type="checkbox"/> Plan Review Late Fee	\$ _____	
<input type="checkbox"/> Day Care Limited Food	\$319.00	\$ _____	(Less than 30 days prior to construction) 50% of License Fee		
<input type="checkbox"/> Bed and Breakfast	\$386.00	\$ _____	<input type="checkbox"/> Change of Ownership Inspection	\$ _____	
<input type="checkbox"/> Board & Lodging	\$386.00	\$ _____	(50% of License Fee)		
			<input type="checkbox"/> Operating without a license	\$ _____	
			(50% of License Fee)		
<input type="checkbox"/> Hotel, Motel & Lodging House	165.00 Plus		TOTAL AMOUNT		
Specify Number of Rooms _____	\$6.65	\$ _____			\$ _____
	Per Room				

Make Checks Payable to Washington County

The information you are being asked to provide in this section is classified as public data under the Minnesota Government Data Practices Act.

License Application Continued.

Minnesota Statutes section 176.182 requires you to supply information regarding workers' compensation.

WORKERS' COMPENSATION INSURANCE

1. Workers' Compensation insurance company name: _____

2. Address of insurance company: _____
 City, State, Zip Code _____

3. Workers' Compensation policy number: _____

4. Effective Date: _____ Expiration Date: _____

Name of Certified Food Manager:

State Certification Number: _____ Expiration Date: _____

Name of Certified Pool Operator:

Certification Number: _____ Expiration Date: _____

LIST ALL OWNERS, PARTNERS, OR PRINCIPAL OFFICERS. Persons listed may be held responsible for compliance with applicable ordinances.

Name	Title	Name	Title

Name	Title	Minnesota Tax ID#:	
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Water Supply Source: Municipal Private Well **Sewage System:** Municipal Private

INDIVIDUAL INFORMATION

MINNESOTA TAX IDENTIFICATION NUMBER NOTICE

Notice to all applicants: The information you are being asked to provide in this section is classified as public data except the Individual's Social Security Number which is classified as private data under the Minnesota Government Data Practices Act.

Applicant Last Name	First Name	MI	Position:	Social Security Number (Required for Sole Proprietors Only)
Applicant Address:			City, State, Zip	
Business Name:			Minnesota Tax Identification Number:	
Business Address:			City, State, Zip	

Signature _____ Date _____

Minnesota Statutes, section 270.72, Subd. 4, requires you supply your Minnesota Business Tax Identification Number and your Social Security Number.

Emergency Contact Information

Applicant Note: We are being required to collect the following emergency contact information for your establishment. This information will be used to notify establishments, by phone or email, in the event of an emergency that may cause illness or injury.

First Name:
Middle Name:
Last Name:
Telephone:
Cell Phone:
Fax:
Pager:
Email:
Contact Preference: