



2022

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

Grid for department use with 7 columns and 1 row, the 7th column is shaded black.

ESTABLISHMENT ID#

RISK

Licenses are non-transferable and non-refundable.

Form section for license type selection: FIRST LICENSE for a New Establishment, NEW LICENSE for an Existing Licensed Establishment, with fields for Date of opening, Date of reopening, Previous owner, and Date of change of ownership.

Current Establishment Information

Form section for current establishment information: Establishment Name, Establishment Contact, Establishment Address, City, State, Zip, Establishment Phone #, Establishment Fax #, Establishment Email, Establishment Website.

Owner Information

Form section for 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)

Form section for current corporation information: Corporation Name, Corporation Contact, Corporation Address, City, State, Zip, Corporation Phone #, Corporation Fax #, Corporation Email.

Please indicate where you would like your correspondence mailed

Form section for correspondence preferences: Legal Notices, License Renewals, Newsletters & General Information, with checkboxes for Establishment, Owner, and Corporation.

Form section for signature: Signature of Owner, Partner or Principal Officer, Title, Date.

2022 LICENSE CATEGORY AND FEE SCHEDULE

Please check all operations applicable to your establishment

Food Establishment (Full Service)

- Employ more than 18 employees \$957.00 \$ _____
- Employ 18 employees or less \$737.00 \$ _____

Additional Facility

- Bar \$188.00 Each \$ _____
Number of facilities _____
- Kitchen \$223.00 Each \$ _____
Number of Facilities _____

Deli/Fast Food/Coffee Shop

- Employ more than 18 employees \$876.00 \$ _____
- Employ 18 employees or less \$662.00 \$ _____

Caterer/Commissary

- Employ more than 18 employees \$957.00 \$ _____
- Employ 18 employees or less \$738.00 \$ _____

Seasonal Concession Stand

- Limited \$440.00 \$ _____

Seasonal Food Establishment

- Employ more than 18 employees \$619.00 \$ _____
- Employ 18 employees or less \$558.00 \$ _____

Limited Food Establishment \$424.00 \$ _____

- Congregate Dining** \$424.00 \$ _____

Catering Food Vehicle Each Vehicle \$91.00 Up To

- Fleet of 5 or more \$454.00 Max \$ _____

School Food Service

- Full Base Kitchen \$658.00 \$ _____
- Majority Food Prepared Off Site \$547.00 \$ _____
- Serving Kitchen or Satellite \$325.00 \$ _____
- Concession/School Sponsored
 - 1 School** \$48.00 \$ _____
 - 2 – 10 Schools** \$96.00 \$ _____
 - 11 + Schools** \$154.00 \$ _____

- Day Care with Food Prep \$619.00 \$ _____

- Day Care Limited Food \$377.00 \$ _____

- Bed and Breakfast** \$457.00 \$ _____

- Board and Lodging** \$457.00 \$ _____

- Board** \$343.00 \$ _____

- **Mobile Food Unit** \$153.00 \$ _____

- **Seasonal Temporary Food Stand** \$153.00 \$ _____

Public Swimming Facility

- Swimming Pool \$420.00 (1st Pool) \$ _____
- Additional Pool \$266.00 Each Add. \$ _____
- Specify Number of Pools _____ \$ _____
- Whirlpool/Spa \$350.00 (1st WP/Spa) \$ _____
- Additional Whirlpool/Spa \$227.00 Each Add. \$ _____
- Specify Number of Pools _____

MHP/RCA

- MHP Class A \$149.00 Plus \$8.69 Per Site
- Class B \$149.00 Plus \$7.48 Per Site \$ _____
- Specify Number of Sites _____
- RCA Class A \$158.00 Plus \$8.69 Per Site
- Class B \$158.00 Plus \$7.48 Per Site \$ _____
- Specify Number of Sites _____

- Youth Camp
 - 0-99 Campers \$207.00 \$ _____
 - 100-200 Campers \$323.00 \$ _____
 - 201+ Campers \$440.00 \$ _____
- Retail Food \$111.00 \$ _____

Certified Water Test (1st Well) \$111.00

- Additional Wells \$56.00 Each
- Specify Number of Wells _____ \$ _____

Sanitary Survey (1st Well) \$56.00

- Additional Wells \$34.00 Each
- Specify Number of Wells _____ \$ _____

Plan Review Fees

- New/Initial or Extensive Remodel** \$ _____
- See Details on PLAN REVIEW APPLICATION

- Minor Equipment** \$141.00 \$ _____

- Minor Remodeling** \$ _____
- See Details on PLAN REVIEW APPLICATION

- Youth Camp Lodging** \$115.00 plus \$7.00 per room \$ _____
- Specify Number of Sites _____

- Youth Camp Food** \$572.00 \$ _____

- Exempt Organization** \$572.00 \$ _____

- Plan Review Late Fee** \$ _____
- (Less than 30 days prior to construction) 50% of License

- Change of Ownership Inspection** \$ _____
- (50% of Annual License Fee)

- Operating without a license** \$ _____
- (50% of Annual License Fee)

- Hotel, Motel & Lodging House** 198.00 Plus \$7.87 Per Room \$ _____
- Specify Number of Rooms _____

****MUST COMPLETE PAGE 4****

Total Amount Due \$ _____

Please make checks payable to Washington County

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 Protection 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
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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 (ONLY REQUIRED IF NO MN TAX ID)
Applicant Address:			City, State, Zip	
Business Name:			Minnesota Tax Identification Number:	
Business Address:			City, State, Zip	

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

Signature _____

Date _____

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:
Last Name:
Title:
Telephone:
Cell Phone:
Fax:
Email:
Contact Preference:

**** FOR MOBILE FOOD UNIT AND SEASONAL TEMPORARY FOOD STANDS ONLY ****

Dates and locations of first 5 Washington County events.

1. _____
2. _____
3. _____
4. _____
5. _____

Vehicle License Plate Number: _____

Current License Agency: _____

Current License Number: _____

Are any menu items prepared off-site? YES NO If yes, where? _____

Please include the following items with this application:

A copy of your current license

A brief list of menu items