



**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	

Licenses are non-transferable and non-refundable.

<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

<p>Food Establishment (Full Service)</p> <p><input type="checkbox"/> Employ more than 18 employees \$920.00 \$ _____</p> <p><input type="checkbox"/> Employ 18 employees or less \$710.00 \$ _____</p> <p>Additional Facility</p> <p><input type="checkbox"/> Bar \$180.00 Each \$ _____</p> <p>Number of facilities _____</p> <p><input type="checkbox"/> Kitchen \$215.00 Each \$ _____</p> <p>Number of Facilities _____</p> <p>Deli/Fast Food/Coffee Shop</p> <p><input type="checkbox"/> Employ more than 18 employees \$842.00 \$ _____</p> <p><input type="checkbox"/> Employ 18 employees or less \$636.00 \$ _____</p> <p>Caterer/Commissary</p> <p><input type="checkbox"/> Employ more than 18 employees \$920.00 \$ _____</p> <p><input type="checkbox"/> Employ 18 employees or less \$710.00 \$ _____</p> <p>Seasonal Concession Stand</p> <p><input type="checkbox"/> Limited \$423.00 \$ _____</p> <p>Seasonal Food Establishment</p> <p><input type="checkbox"/> Employ more than 18 employees \$595.00 \$ _____</p> <p><input type="checkbox"/> Employ 18 employees or less \$536.00 \$ _____</p> <p><input type="checkbox"/> Limited Food Establishment \$408.00 \$ _____</p> <p><input type="checkbox"/> Congregate Dining \$408.00 \$ _____</p> <p><input type="checkbox"/> Catering Food Vehicle Each Vehicle \$87.00 Up To</p> <p>Fleet of 5 or more \$425.00 Max \$ _____</p> <p>School Food Service</p> <p><input type="checkbox"/> Full Base Kitchen \$632.00 \$ _____</p> <p><input type="checkbox"/> Majority Food Prepared Off Site \$525.00 \$ _____</p> <p><input type="checkbox"/> Serving Kitchen or Satellite \$313.00 \$ _____</p> <p><input type="checkbox"/> Concession/School Sponsored</p> <p style="padding-left: 40px;">1 School \$46.00 \$ _____</p> <p style="padding-left: 40px;">2 – 10 Schools \$92.00 \$ _____</p> <p style="padding-left: 40px;">11 + Schools \$148.00 \$ _____</p> <p><input type="checkbox"/> Day Care with Food Prep \$595.00 \$ _____</p> <p><input type="checkbox"/> Day Care Limited Food \$363.00 \$ _____</p> <p><input type="checkbox"/> Bed and Breakfast \$439.00 \$ _____</p> <p><input type="checkbox"/> Board and Lodging \$439.00 \$ _____</p> <p><input type="checkbox"/> B \$3 9.00 \$ _____</p> <p><input type="checkbox"/> Mobile Food Unit \$441.00 \$ _____</p> <p><input type="checkbox"/> Seasonal Temporary Food Stand \$386.00 \$ _____</p>	<p>Public Swimming Facility</p> <p><input type="checkbox"/> Swimming Pool \$404.00 (1st Pool) \$ _____</p> <p><input type="checkbox"/> Additional Pool \$254.00 Each Add.</p> <p>Specify Number of Pools _____ \$ _____</p> <p><input type="checkbox"/> Whirlpool/Spa \$336.00 (1st WP/Spa)</p> <p><input type="checkbox"/> Additional Whirlpool/Sp \$219.00 Each Add. \$ _____</p> <p>Specify Number of Pools _____</p> <p>MHP/RCA</p> <p><input type="checkbox"/> MHP Class A \$143.00 Plus \$8.35 Per Site</p> <p style="padding-left: 20px;">Class B \$143.00 Plus \$7.20 Per Site \$ _____</p> <p>Specify Number of Site _____</p> <p style="padding-left: 20px;">RCA Class A \$150.00 Plus \$8.35 Per Site</p> <p style="padding-left: 40px;">Class B \$150.00 Plus \$7.20 Per Site \$ _____</p> <p>Specify Number of Site _____</p> <p><input type="checkbox"/> Youth Camp</p> <p style="padding-left: 20px;">0-99 Campers \$199.00 \$ _____</p> <p style="padding-left: 20px;">100-200 Campe \$311.00 \$ _____</p> <p style="padding-left: 20px;">201+ Campers \$423.00 \$ _____</p> <p><input type="checkbox"/> Retail Food \$108.00 \$ _____</p> <p><input type="checkbox"/> Certified Water Test (1st Well) \$109.00</p> <p><input type="checkbox"/> Additional Wells \$55.00 Each</p> <p>Specify Number of Wells _____ \$ _____</p> <p><input type="checkbox"/> Sanitary Survey (1st Well) \$55.00</p> <p><input type="checkbox"/> Additional Wells \$33.00 Each</p> <p>Specify Number of Wells _____ \$ _____</p> <p>Plan Review Fees</p> <p><input type="checkbox"/> New/Initial or Extensive Remodel \$ _____</p> <p>See Details on PLAN REVIEW APPLICATION</p> <p><input type="checkbox"/> Late Fee (less than 30 days prior to construction)</p> <p>See Details on PLAN REVIEW APPLICATION \$ _____</p> <p><input type="checkbox"/> Minor Equipment \$138.00 \$ _____</p> <p><input type="checkbox"/> Minor Remodeling</p> <p>See Details on PLAN REVIEW APPLICATION \$ _____</p> <p><input type="checkbox"/> Youth Camp Lodging \$113.00 plus \$6.76 per room \$ _____</p> <p>Specify Number of Sites _____</p> <p><input type="checkbox"/> Youth Camp Food \$561.00 \$ _____</p> <p><input type="checkbox"/> Exempt Organization \$561.00 \$ _____</p> <p><input type="checkbox"/> Plan Review Late Fee</p> <p>(Less than 30 days prior to construction) 50% of License \$ _____</p> <p><input type="checkbox"/> Change of Ownership Inspection \$ _____</p> <p>(50% of Annual License Fee)</p> <p><input type="checkbox"/> Operating without a license \$ _____</p> <p>(50% of Annual License Fee)</p> <p style="text-align: right;">190.00 Plus</p> <p><input type="checkbox"/> Hotel, Motel & Lodging House \$7.57 Per \$ _____</p> <p>Specify Number of Rooms _____ Room</p>
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Total Amount \$ _____

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.

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

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	

Signature _____ Date _____
 Minnesota Statutes, section 270.72, Subd. 4, requires you supply your Minnesota Business Tax Identification Number OR 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:
Last Name:
Title:
Telephone:
Cell Phone:
Fax:
Email:
Contact Preference: