

**FOOD / BEVERAGE SERVICE: MOVEABLE STAND OR CART**  
**2020 LICENSE APPLICATION**

<b>FOR OFFICE USE ONLY</b>
License #: _____
Date issued: _____
<b>License period:</b>
From: _____
To: _____
Revenue code: 5219

**ESTABLISHMENT INFORMATION** (Please print or type)

Establishment name (dba) \_\_\_\_\_

**OPERATOR / MANAGER**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**OWNER INFORMATION**

Business owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business fax # \_\_\_\_\_ E-mail \_\_\_\_\_

**BILLING ADDRESS**

In care of: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MENU AND FOOD PREPARATION**

Complete the chart below for all foods and beverages to be served—add additional pages if needed.

Hot foods:	Purchased from:	Preparation location:	Equipment used to cook food:	Equipment used to keep food hot:
Cold foods:	Purchased from:	Preparation location:	Equipment used to prepare food:	Equipment used to keep food cold:

**Attach a drawing showing the layout of the stand, including equipment placement.**

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_

Enter applicable information for the emergency contact; then check the best contact method for an emergency

<input type="checkbox"/>	Phone	_____
<input type="checkbox"/>	Cell	_____

**AGREEMENT TO COMPLY**

I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and Olmsted County. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**FEE CALCULATOR – SEE REVERSE SIDE OF APPLICATION**

**If you have questions about license fees, contact Kathy Hornseth at (507) 328-7447**

**2020 FEE CALCULATOR**

**1. Special Event Food Stand**

∅ No more than **10** days of operation

Number of days:	Fee
1 - 5	\$89
6 - 10	\$170
Addl. late fee if application is submitted less than 3 workdays before event	Add \$30

Event name	Dates
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**OR:**

**2. Seasonal Temporary Food / Beverage Stand**

- ∅ A stand-type food / beverage service that is ***moved from location to location.***
- ∅ Operation is limited to 21 days annually at any one location.\*
- ∅ When multiple stands are in operation at the same time or event, each stand must have a license.

**3. Food Cart** Plan Review required for new carts prior to licensing

- ∅ A food / beverage service that is a ***non-motorized vehicle and is self-propelled by the operator.***
- ∅ Requires a permanent food establishment / commissary for storage, cleaning, and maintenance.
- ∅ When multiple carts are in operation at the same time, each cart must have a license.

**4. Seasonal Permanent Food / Beverage Stand** Plan Review required for new stands prior to licensing

- ∅ A food / beverage service that is ***within a building or is a free-standing building.***
- ∅ Operation is limited to 21 days annually (except at schools).
- ∅ Constructed to food stand specifications.

**5. Mobile Food Unit** Plan Review required for new units prior to licensing

- ∅ A fully-equipped food/beverage service, ***vehicle-mounted, & readily movable without disassembling.***
- ∅ Limited to 21 days annually *at any one location* unless at the site of a licensed business with the same owner.
- ∅ A fire inspection is required for new units prior to licensing. Attach or forward a copy of the completed report.

\*Request to operate at \_\_\_\_\_ for more than 21 days.

Attach or forward a copy of the approval from the local zoning authority where applicable.

Risk class	For categories 2. through 5. above:	License fee Up to 120 days in the calendar year.	License fee Up to 240 days in the calendar year.
Simple menu	Serves commercially prepackaged food or beverages or Limited food / beverage preparation.	\$309	\$597
Complex menu	Preparation of potentially hazardous food — Includes steps such as cooking, hot-holding, and cold-holding	\$381	\$743

If seasonal, indicate approximate opening and closing dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**For Plan Review information: Contact Dan DeLano at (507) 328-7418 or  
Katie Hackman at (507) 328-7427**

Return completed application and fee to: Olmsted County Public Health Services  
2100 Campus Drive SE Ste. 100  
Rochester, MN 55904

## REQUIRED INFORMATION FOR THE MINNESOTA DEPARTMENT OF REVENUE

Under Minnesota law (M.S. 270C.72 Subd 4), the agency issuing you this license is required to provide the following information to the Minnesota Commissioner of Revenue upon request: business name, address, Minnesota Business Identification Number (also called Minnesota Tax ID Number), and Federal Employer Identification Number (FEIN).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency (Olmsted County) will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

<b>Business name</b>	
<b>Business owner (corporation or individual)</b>	
<b>Business owner's address</b>	
<b>Minnesota Business Identification Number</b>	<b>Federal Employer Identification Number</b>

### WORKERS' COMPENSATION INSURANCE COVERAGE LAW

Minnesota Statute 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181 Subd 2. The information required is: name of the insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 176.181 Subd 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Workers' Compensation insurance company name	Policy number	Dates of coverage
<b>From:</b> <b>To:</b>		
<b>OR, I certify that I am not required to carry workers' compensation insurance because (check one):</b>		
<input type="radio"/> I am the sole proprietor and have no employees		
<input type="radio"/> I am self-insured (you must include a copy of the permit to self-insure)		
<input type="radio"/> I have no employees who are covered by workers' compensation law. (Exempt employees include: spouse, parents, and children—all other employees must be covered)		

I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and Olmsted County. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TITLE** \_\_\_\_\_