



## Board and Lodging Plan Review

Community Development Department  
Code Enforcement & Public Health Division  
5200 85<sup>th</sup> Avenue North / Brooklyn Park, MN 55443  
Phone: (763) 493-8070

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Welcome to Brooklyn Park. Thank you for your interest in opening or remodeling your board and lodging establishment in our city. The enclosed packet includes information you will need to get started. A meeting with our division is recommended before you submit final plans.

The following items must be submitted for review:

**1. Floor Layout**

A complete layout of all floors of the home and a detailed drawing of the kitchen is required. This includes the finish material of the floors, walls, and ceiling of the kitchen.

**2. Equipment Specifications**

Specification sheets of the refrigerator, dish machine, and counter top material must be submitted.

**3. Menu**

A menu and food flow diagram must be provided. Equipment must support all types of food activities (storage, preparation, cooking, cooling, serving, etc.)

**4. Application and Fee Submittal**

The application included in this packet must be completely filled out and submitted with the appropriate fee for the health portion of the plan review. The plan review cannot be completed until all required items are submitted. The specific requirements are listed on the following page.

***Note: Before beginning the plan review process, please check with the Planning Division at (763) 493-8057 to make sure the property is properly zoned for the type of establishment you are proposing.***

Please allow at least ten (10) working days to complete the plan review process. Failure to provide any of the required submittals at the onset of the plan review submittal may delay the plan review process. If changes are proposed after plans have been approved by this Division, additional plans indicating changes must be submitted in writing and approval must be received from the health authority.

Please contact the Code Enforcement & Public Health at (763) 493-8070 if you have questions or to schedule a pre-plan meeting. We look forward to working with you.



Board and lodging establishments with a total number of residents 10 and under do not require a commercial kitchen but do require some upgraded finishes and materials.

- **Refrigerators/Freezer:** The Food and Drug Administration states that residential refrigerators have questionable air flow and cooling ability. Unless commercial equipment is supplied, the menu needs to be restricted to same day food service. This means potentially hazardous foods are prepared and served the same day and no leftovers are kept for more than 4 hours after meal service.
- **Stoves/Ovens:** Must be exhausted to the outside of the building and meet building code requirements.
- **Microwave:** Unless commercial equipment is supplied. Microwaves may not be used to cook potentially hazardous foods.
- **Handsink(s):** A separate hand sink must be supplied in the food preparation area and may not be used for purposes other than handwashing.
- **Food Preparation Sink:** A two basin sink may be used. If the sink is used for rinsing dishes one compartment needs to be dedicated for food preparation only. Rinsing dishes and utensils may not take place in the dedicated compartment of the sink or at the same time as food preparation.
- **Dishwashing Machine:** The dishwashing machine must provide a sanitizing rinse as the final step and the rinse cycle must meet the requirements of the Minnesota Food Code. Most residential dishwasher cannot meet the requirement of the code and are not durable. A commercial dish machine is recommended.
- **Food Prep Counters:** Food prep counters must be made of material approved for food contact, such as solid surface, stainless steel, ceramic tile. Plastic laminate is not an approved food contact surface.
- **Nonfood Contact Counters:** Must be corrosion resistant, nonabsorbent and made of a smooth material.
- **Cabinets:** Wood cabinets may be used if they are sealed with 3 coats of polyurethane, thermofoil or similar material. Wood must be sealed inside cabinets also.
- **Wood:** Wood is not suitable anywhere in a food preparation area, including around window and door frames or as a base cove material.
- **Floors:** Commercial vinyl, ceramic tile, quarry tile or certain types of poured floors are acceptable.
- **Walls:** Sheetrock with washable paint in nonsplash areas. Areas behind sinks need to be tile or some other nonabsorbent material.
- **Ceilings:** Must be made of smooth and cleanable material. Popcorn ceilings are not allowed.
- **Mop Sinks:** A mop sink must be provided unless alternative methods of cleaning floors are used.



**Plan Review Application**  
*Board and Lodge 5 to 10*  
**Community Development Department**  
**Code Enforcement & Public Health Division**  
 5200 85<sup>th</sup> Avenue North / Brooklyn Park, MN 55443  
 Phone: (763) 493-8070 / Fax: (763) 493-8391

**ESTBALISHMENT INFORMATION**

Name of Establishment \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Name of Business \_\_\_\_\_  
 Address \_\_\_\_\_

**PLAN INFORMATION**

Blue Prints Submitted By:    Owner \_\_\_\_ Contractor \_\_\_\_ Architect \_\_\_\_  
 Application's name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_

**FEES**

New Establishment – 150% of License Fee    Remodel (Same establishment & same owner) – 100% of License Fee

| Number of Residents | License Fee | Plan Review Fee |
|---------------------|-------------|-----------------|
| 5                   | \$185       | \$277.50        |
| 6                   | \$190       | \$285           |
| 7                   | \$195       | \$292.50        |
| 8                   | \$200       | \$300           |
| 9                   | \$205       | \$307.50        |
| 10                  | \$210       | \$315           |

**PROJECT INFORMATION**

Type of Work:    New Facility \_\_\_\_                      Remodel \_\_\_\_  
 Estimated Start Date \_\_\_\_\_                      Estimated Completion Date \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_                      **Phone #** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Date Received \_\_\_\_\_                      Date Approved \_\_\_\_\_                      Plan Reviewer Sign \_\_\_\_\_



Lodging License Application
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GOVERNMENT DATA PRACTICES ACT – TENNESON WARNING:

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

The following information is required. All applications are subject to a 10-day approval period.

- License period January 1st – December 31st
Completed application / License Fee: \$160.00 + \$5.00 per unit / maximum \$1,300.00
Total number of units to be licensed?
For group homes and similar – total number of occupants per dwelling unit?
Will food be served at this location? Yes No
Is worker’s compensation coverage required? Yes No
Minnesota Tax Identification Number
License fees are not transferable or refundable
Late fees (1 – 15 days late = 50% of license fee / 16 + days late = 100% of license fee)

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County, Minnesota, for license subject to the laws of the State of Minnesota and of the City of Brooklyn Park.

Applicant’s Full Name: Applicant Contact:

Applicant Address: Street City State Zip Code

Business Name:

Business Address: Street City State Zip Code

Partnership { } Corporation { } Proprietorship { } Other (specify) Owner:

Business Contact: Business Phone #:

Owner Contact: Owner Phone#:

Are you licensed by any other agency (i.e. Hennepin County, MDHS, MDH, Other) { } Yes { } No If yes, please list.

License # and description:

License # and description:

Applicant Signature: Date:

CITY USE ONLY: Approvals:

Building Community Development CEPH Finance Fire Police

O&M City Council State of Minnesota

APPROVED: { } YES { } NO

SIGNATURE: DATE:

**MINNESOTA BUSINESS TAX IDENTIFICATION/  
SOCIAL SECURITY NUMBER**

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

|                                     |      |
|-------------------------------------|------|
| Applicant's Full Name               |      |
| Applicant's Address                 |      |
| City, State & Zip                   |      |
| Applicant's Social Security Number  |      |
| Position (Officer, Partner, Etc.)   |      |
| Business Name                       |      |
| Business Address                    |      |
| City, State & Zip                   |      |
| Minnesota Tax Identification Number |      |
| Signature                           | Date |

**CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE**

**(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)**

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

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 stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

|   |              |
|---|--------------|
| Full Name<br>(Last, First, Middle)                                |              |
| Doing Business As:<br>(Business name if different than your name) |              |
| Business Address  |              |
| City, State, Zip  | Phone (    ) |

|  |
|--|
| I am not required to have workers' compensation liability coverage because: <ul style="list-style-type: none"><li><input type="checkbox"/> I have no employees.</li><li><input type="checkbox"/> I am self-insured (include permit to self-insure).</li><li><input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).</li></ul> |
|--|

|   |      |
|---|------|
| I certify that the information provided above is accurate and complete. |      |
| Signature   | Date |

**OR**

|  |
|--|
| Insurance Company Name<br><b>(NOT the insurance agent)</b> |
| Policy Number  |
| Dates of Coverage  |

|  |      |
|--|------|
| I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law. |      |
| Signature  | Date |