



Temporary Food Stand Application

Community Development Department
Code Enforcement & Public Health Division
5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 493-8070 / Fax: (763) 493-8391

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: As Needed
- Completed application / License Fee: \$75.00 First Day
 - \$15.00 Each Add'l Day
 - \$45.00 Each Add'l Stand – Same Event
- Is worker's compensation coverage required? _____ Yes _____ No
- Minnesota Tax Identification Number
- Additional information:
 - An itinerant food stand operates in conjunction with celebrations and special events, and operates no more than 3 times a year, up to 10 days total in that year unless approved by the regulatory authority.
 - The food handling regulations received with the application packet must be posted at the site. They must also be read, understood and observed by all persons handling any food.
 - The license must be posted conspicuously at the site. All itinerant food licenses may be revoked at any time if health and safety regulation are not met.

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.

Business or Organization Name: _____

Applicant Name: _____ Date of birth: _____

Business/Organization Address: _____
Street City State Zip Code

Business Contact: _____ Business Phone #: _____

Emergency Contact: _____ Emergency Phone #: _____

Name of Event: _____ Date(s) and time(s): _____

Location/ Address of event: _____
Street City State Zip Code

Owner of the building/land at which the event will take place (give full name, address and telephone number):

Person in charge of the operation of the food stand (give full name, address and telephone number):

Applicant's Signature: _____ Date: _____

CITY USE ONLY - Approvals:

Date received _____

Public Health _____ Fire _____ Police _____ APPROVED: { } YES { } NO

SIGNATURE: _____ APPROVED DATE: _____

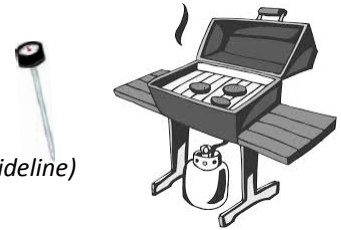
Operation Information

| | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|
| Event date(s) | | | | | | | | | | |
| Food Start Time | | | | | | | | | | |
| Food End Time | | | | | | | | | | |

Food
 List all Foods that will be served (no homemade foods are allowed): _____

Will any of the foods be cooked from raw? ____ Yes ____ No
 Will any food be prepared on site? ____ Yes ____ No
 Will any food be prepared at a commercial kitchen? ____ Yes ____ No

_____ I will provide a calibrated thermometer for measuring all potentially hazardous foods
 _____ I will cook and hold potentially hazardous foods at the proper temperature (see attached guideline)



Equipment
 List all equipment used for storage: _____

List all equipment used for preparation: _____

List all equipment used for cooking: _____

What facilities/methods will be provided for warewashing?

- 3 Compartment sink
 3 bucket set-up
 NSF Commercial Dishwasher
 Other, Specify _____

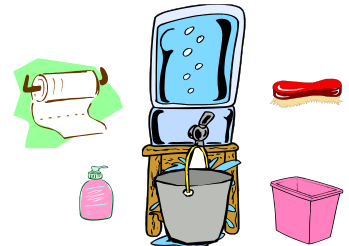


What sanitizer will be provided in a spray bottle or bucket (test strips must be available)?

- Chlorine (50-200 ppm)
 Quaternary Ammonium (200-400 ppm)

Hygiene
 What facilities will be provided for handwashing (nail brush, soap, and paper towels are required)?

- Handwash sink
 Portable station with lever spigot (see diagram for approved method)



Stand must provide all of the following. Check the items that will be supplied:

- Hair restraint
 Gloves
 Clean clothing
- I understand that no employees operating in the food stand may work when ill with vomiting and/or diarrhea.
 I understand that no eating, drinking, or smoking is allowed in the food stand.
 I understand that no bare-hand contact is allowed with ready-to-eat foods.
 I understand that all employees must be trained in proper handwashing and safe food handling procedures.



Stand
 All food must be served from an approved stand. Indicate the type of stand used for this specific event.

- Enclosed mobile food vehicle
 Mobile food cart
 Tent
 Other, Specify _____
 I understand that all food preparation must be done under overhead protection.
 I understand that a hard surface on the ground is required and no operation will take place on grass or soil.

**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 (Last, First, Middle) | |
| Doing Business As: (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"><input type="checkbox"/> I have no employees.<input type="checkbox"/> I am self-insured (include permit to self-insure).<input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees). |
|--|

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

OR

| |
|--|
| Insurance Company Name (NOT the insurance agent) |
| 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 |



Post these Guidelines at the Food Stand

- No employee or volunteer may work in the stand if they are ill with a communicable disease, gastrointestinal illness such as vomiting or diarrhea, sore throat or open wound on the hands or forearms.
- Wash your hands before working with food, before using gloves and any time they may become contaminated, using soap and warm water for 20 seconds, fingernail brush if needed and wipe with single use towels.
- Gloves must be worn if there is any direct contact with ready to eat food items. Gloves are not a substitute for proper hand washing and must be replaced any time they become soiled.
- Potentially hazardous foods must be maintained at 140°F or greater; cold foods must be maintained at 41°F or less.
- Cook foods to proper temperatures and monitor by using a calibrated thermometer. Use ice water (32°F) or boiling water (212°F) to calibrate.
- Cooking Temperatures:
 - Chicken to 165°F
 - Hamburgers or Pork to 155°F
 - Fish, Beef or Eggs to 145°F, all for a minimum of 15 seconds.
- Reheat to 165°F. Cooling: From 140°F to 70°F in 2 hours, from 70°F to 41°F in 4 hours.
- Keep food safe from cross contamination by covering during storage and sanitizing food contact surfaces. Keep raw foods in closed containers separate from ready to eat.
- Set up a sanitizer bucket or spray bottle to sanitize food contact surfaces throughout the day. Use test strips to test sanitizer to maintain proper concentrations, 50-200 ppm of available chlorine (1 teaspoon for 1 gallon of water) or 200-400 ppm of quaternary ammonium.
- Employees must wear hair restraints such as hats or hairnets and clean outer garments. Do not eat, drink or smoke while working at the food stand.
- Mechanical refrigeration is required to keep potentially hazardous foods at 41 degrees F or less. Thermometers are required for each refrigerator.
- Electric skillets, roaster, propane stoves and charcoal grill are acceptable. Crockpots are not allowed.
- For dish washing, bring extra clean utensils or use the 3 bucket method of wash, rinse and sanitize and air dry on nonabsorbent surface. Wash in warm soapy water, rinse in clear water and sanitize for a least 1 minute with sanitizer- 1 tsp (see above) per gallon of water.