



Board and Lodging Plan Review

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

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 Lodging
Community Development Department
Code Enforcement & Public Health Division
 5200 85th 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 – 100% of License Fee.

***Note – More than 6 residents requires a Conditional Use Permit CUP prior to license review/approval.**

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

If yes, please list: _____

| Number of Residents | License Fee | Plan Review Fee |
|---------------------|-------------|-----------------|
| 5 | \$195 | \$292.50 |
| 6 | \$200 | \$300 |
| *7 | \$205 | \$307.50 |
| *8 | \$210 | \$315 |
| *9 | \$215 | \$322.50 |
| *10 | \$220 | \$330 |

PROJECT INFORMATION

Type of Work: New Facility _____ Remodel _____
 Estimated Start Date _____ Estimated Completion Date _____

Applicant's Signature: _____ **Phone #** _____ **Date:** _____

City Use Only: Approved _____
Fee \$ _____
License # _____



Lodging License Application
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GOVERNMENT DATA PRACTICES ACT – TENNESSEN 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: \$170.00 + \$5.00 per unit / maximum \$1,300.00
- 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.

Business /Owner Name: _____

Doing Business As: _____

Business Address: _____
Street City Zip Code

Total number of sleeping units to be licensed? _____ x \$5.00= _____ plus \$170 base fee; **TOTAL FEE=** _____

Business Phone #: _____ Onsite Email: _____

Emergency Contact: _____ Emergency Phone #: _____

Onsite Manager: _____ Manager Phone #: _____

Owner: _____ Owner Phone #: _____

Home Address: _____
Street City Zip Code

Owner Email: _____

Is this a partnership? Yes No Is this a corporation? Yes No

If yes, attach a list of the names, addresses, and percent of interest of each.

If this is not a corporation or partnership, is this a: an individual other (please specify): _____

Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal. The undersigned declares that the information provided in this license application is truthful and authorizes the City of Brooklyn Park to investigate the information provided.

Applicant's Signature: _____ **Date:** _____

Make checks payable to City of Brooklyn Park or for credit card payments, complete the information below:

| |
|---|
| Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> Cash |
| Card Number: _____ |
| Security Code (three digit number on back of card) _____ Expiration Date: _____ |
| 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 (Last, First, Middle) | |
| Doing Business As: (Business name if different than your name) | |
| Business Address | |
| City, State, Zip | Phone () |

| |
|---|
| <p>I am not required to have workers' compensation liability coverage because:</p> <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 |