



# Temporary Food Stand Application

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

Office Use Only:

Date received \_\_\_\_\_ Amount Due \_\_\_\_\_ Approved by \_\_\_\_\_ Date Approved \_\_\_\_\_

**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: \_\_\_\_\_ Non-profit ID \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_  
Street City State Zip Code

Name of Event: \_\_\_\_\_

Date(s) and Time(s) of Events \_\_\_\_\_

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):

Mailing Address or Email Address: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Today's date \_\_\_\_\_

**Credit Card Payment (Visa & Master Card Only)**

**NAME ON CARD** \_\_\_\_\_

**Card #** \_\_\_\_\_ **EXP DATE** \_\_\_\_\_ **CVV #** \_\_\_\_\_

## Operation Information

### 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



### 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 \_\_\_\_\_



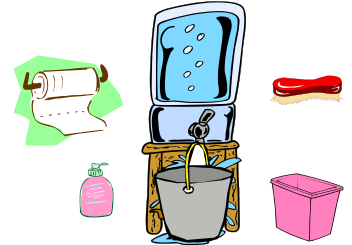
What sanitizer will be provided in a spray bottle or bucket (test strips must be available)?

- \_\_\_\_\_ 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"><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 <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