



# Food License Application

Community Development Department

Environmental Health Division

5200 85<sup>th</sup> Avenue North / Brooklyn Park, MN 55443

Phone: (763) 493-8070

## Plan Submittal & Licensing

Individuals interested in opening and operating a food establishment must submit a plan review application with fees and obtain approval before operating (unless the applicant is taking over an existing food establishment). The plan review submittal requirements, application, and additional resources are available on our website at: [www.brooklynpark.org](http://www.brooklynpark.org). Once plans are approved and construction is completed, contact our office to request an inspection and a license application. The license fee is separate from the plan review fee.

The following information is required.

- License Period: January 1<sup>st</sup> to December 31<sup>st</sup>
- Completed application / License Fee
- Late Fees on license renewals: 1-15 days late=50% of license fee and 16+ days late=100% of the license fee
- License fees are not transferred or refunded
- Worker's Compensation Form
- Minnesota Tax Identification Number Form

Establishment Type	Fee
<b>Food Type I</b> - Full service/sit down restaurants, full menu cafeterias, buffet restaurants, catering kitchens, and similar.	\$695
<b>Food Type II</b> - Fast food, take out, pizza delivery, delis, drive-ins, ice cream shops, donut shops, limited or catered cafeterias, bakeries and similar.	\$580
<b>Food Type III</b> - Coffee Carts and Coffee-Only Shops, Bars, Concession Stands, Snack Stands, Continental Breakfasts, and similar.	\$415
<b>Food Grocery</b> - Prepackaged foods or the sale of foods to be consumed off site.	
• Large Grocery	\$995
• Small Grocery - Smaller grocery stores, Convenience Stores, Markets, and similar.	\$345
• Limited Pre-packaged - Video Stores, Gift Shops, Candy racks, and similar.	\$90
• Vending Machines (Nuts only= \$10)	\$25
<b>Food Institution</b> - Daycares, and Preschools, Churches	
• Full Operation - Full Kitchen.	\$445
• Limited Operation - Catered or Snacks Only.	\$235
• Pre-Packaged	\$120
*no charge for places of worship and non-profit organizations*	
<b>Food Institution</b> – Schools	
• Full Operation - Full Kitchen.	\$495
• Limited Operation - Catered or Snacks Only.	\$250
<b>Additional Food Facility</b> – A separate area of food or beverage preparation. May include bars, receiving areas, catering activities, or additional food establishments.	
• Per additional Type I or II facility, Large Grocery facility.	\$200
• Per additional Type III or Small Grocery facility.	\$100
* The higher rate facility is considered the main facility and each other type is an additional facility.	
<b>Seasonal Food</b> - Establishment continuously open for 6 business months or less in a calendar year.	½
• Minimum \$75	license fee



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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 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.*

**Food License Type:**

- Food Type 1    Food Type 2    Food Type 3    Season Food    Food Institution    Limited Institution
- Pre-Packaged Institution    Large Grocery    Small Grocery    Pre-Packaged Grocery    Vending

Additional Facility (e.g. Bar, Coffee Shop, Catering, etc)  Yes    No (Type): \_\_\_\_\_

**Business /Owner Name:** \_\_\_\_\_

**Owner Email:** \_\_\_\_\_

**Doing Business As:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

Street

City

Zip Code

**Business Phone #:** \_\_\_\_\_

**Onsite Email (for food recalls, emergencies):** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

**Onsite Manager Name:** \_\_\_\_\_ **Manager Phone #:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_ **Owner Phone #:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

Street

City

Zip Code

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:  church    a school    an individual    other (please specify): \_\_\_\_\_

Are all special assessments and real estate taxes paid in full for the property where the business is located?  Yes    No

*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:** \_\_\_\_\_

**Office Use Only:**

Approved by \_\_\_\_\_ Fee \$ \_\_\_\_\_ License # \_\_\_\_\_

## 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: <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 ( <b>NOT</b> 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