



Food License Application

Community Development Department

Environmental Health Division

5200 85th 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. 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 1st –December 31st
- 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
Food Type I - Full service/sit down restaurants, full menu cafeterias, buffet restaurants, catering kitchens, and similar.	\$725
Food Type II - Fast food, take out, pizza delivery, delis, drive-ins, ice cream shops, donut shops, limited or catered cafeterias, bakeries and similar.	\$605
Food Type III - Coffee Carts and Coffee-Only Shops, Bars, Concession Stands, Snack Stands, Continental Breakfasts, and similar.	\$430
Food Grocery - Prepackaged foods or the sale of foods to be consumed off site.	
• Large Grocery	\$1,035
• Small Grocery - Smaller grocery stores, Convenience Stores, Markets, and similar.	\$360
• Limited Pre-packaged - Video Stores, Gift Shops, Candy racks, and similar.	\$95
• Vending Machines (Nuts only= \$10)	\$25
Food Institution - Daycares, and Preschools, Churches	
• Full Operation - Full Kitchen.	\$465
• Limited Operation - Catered or Snacks Only.	\$245
• Pre-Packaged	\$125
no charge for places of worship and non-profit organizations	
Food Institution – Schools	
• Full Operation - Full Kitchen.	\$515
• Limited Operation - Catered or Snacks Only.	\$260
Additional Food Facility – 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.	
Seasonal Food - 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 - 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.

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

Additional Facility list: _____

Business Name: _____ Business Phone: _____

Doing Business As: _____

Business Address: _____
Street City Zip Code

Business Owner Name: _____ Owner Phone # _____

Owner Email (for renewal): _____

Address: _____
Street City Zip Code

Onsite Email (for food recalls, emergencies): _____

Emergency Contact: _____ Emergency Phone # _____

Onsite Manager: _____ Manager Phone # _____

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: _____ **Today's Date:** _____

Office Use Only

Date received _____ Approved by _____ Approved date _____



Certificate of Compliance

Minnesota Department of Revenue

INFORMATION

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.**

REQUIREMENTS

- You must complete section A **OR** B below.
- Social Security Number (if a sole proprietor) **OR** Minnesota/Federal Tax ID Number (if a business).

SECTION A – Complete this portion if you are a sole proprietor:

Full Legal Name _____

Last Name

First Name

Middle Name

Maiden Name (if applicable)

Other names you have used and/or are also known as: _____

Home Address

Street

City

State

Zip Code

Social Security Number

(123 - 45 - 6789)

Position

PLEASE SELECT ONE:
Partner

Owner

Officer

Signature _____

Date _____

(MM/DD/YYYY)

SECTION B – Complete this portion if you are a business:

Business Name _____

Business Address

Street

City

State

Zip Code

Minnesota Tax ID Number

(1234567)

Federal Tax ID Number

(12 - 3456789)

Signature _____

Date _____

(MM/DD/YYYY)



Certificate of Compliance Minnesota Worker's Compensation Law

INFORMATION

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.

REQUIREMENTS

- You must complete section A **OR** B below.

SECTION A – Complete this portion if you are exempted or self-insured:

Full Legal Name

Last Name

First Name

Middle Name

Maiden Name (if applicable)

Home Address

Street

City

State

Zip Code

I am not required to have workers' compensation liability coverage because:

PLEASE SELECT ONE:

- I have no employees.
- I am self-insured (include permit to self-insure).
- I have employees, but they are not 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.

Applicant Signature

Date

(MM/DD/YYYY)

SECTION B – Complete this portion if you are insured:

Business Name

Business Address

Street

City

State

Zip Code

Insurance Company Name

Insurance Policy Number

Effective Date

Expiration Date

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

Applicant Signature

Date

(MM/DD/YYYY)