



Temporary Food Stand Application

Community Development Department

Environmental Health Division

5200 85th Avenue North / Brooklyn Park, MN 55443

Phone: (763) 493-8070

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:
 - A temporary 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 temporary food permit 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 _____

Office Use Only:

Approved by _____ Date approved _____ Amount Due _____ Permit # _____

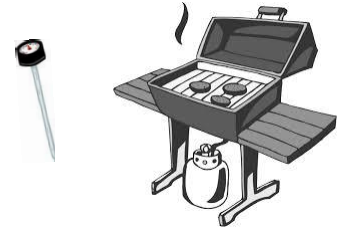
Operation Information

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 _____
- 
Wash


Rinse


Sanitize

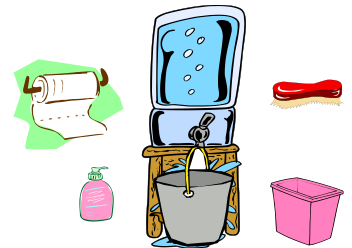
What sanitizer will be provided in a spray bottle or bucket (test strips must be available)?

- ____ 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.



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 **Position** PLEASE SELECT ONE: Owner Officer Partner
(123 - 45 - 6789)

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 **Federal Tax ID Number**
(1234567) (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)