



**Public Health**  
Prevent. Promote. Protect.

**Douglas & Pope Counties Environmental Health**

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**License Application – Food, Beverage, Lodging Establishment**

**Notice to all applicants:** Minnesota Statutes, section 270C.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes, section 176.182 also requires information regarding worker's compensation insurance. All data submitted in this application is public data except the individual's social security number, which is private.

**Check (x) the license type:**

- Renewal – License # \_\_\_\_\_ Renewal period: \_\_\_\_\_
- New Establishment – Opening date: \_\_\_\_\_ License # \_\_\_\_\_
- Ownership Change – Previous owner & License #: \_\_\_\_\_  
- Opening date: \_\_\_\_\_ New license # \_\_\_\_\_

**Applicant/Owner Information: PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS**

Corporation Name: \_\_\_\_\_ Primary Officer \_\_\_\_\_

**OR**

Individual Operator - First name: \_\_\_\_\_ Middle Initial \_\_\_\_ Last name: \_\_\_\_\_

Individual Operator's Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DBA (*Doing Business As*) Name (*if applicable*): \_\_\_\_\_

MN Business Tax (*Sales Tax*) Identification # (*This must be provided for licensure if applicable*): \_\_\_\_\_

Federal Tax ID #: \_\_\_\_ - \_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Designated Mailing Address:** \_\_\_\_\_  
(Street/PO Box) City State Zip

**Certified Food Manager Information** - Certificate #: FM \_\_\_\_\_ CFM Name: \_\_\_\_\_

**Establishment Information: (Physical Location)**

Establishment Name (*name on the sign*): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Township: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Manager Name: \_\_\_\_\_

Hours/Days of Operation: \_\_\_\_\_

**If not operating year round:**

Opening Date

Closing Date

**Check (x) box where license, renewals, and notices should be sent:**  Applicant Address  Establishment Address

**Worker's Compensation Information:**

Insurance Company Name: \_\_\_\_\_

Designated Mailing Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_ through \_\_\_\_\_

**OR**

**I certify that I am not required to carry worker's compensation liability coverage because:**

- I am a sole proprietor or partner and I have no employees.
- I have no employees who are covered by the workers' compensation law. Note: Only employees exempt by statute (spouse, parent, and children) are *not* covered by the workers' compensation law.

**By my signature below I understand that my establishment must comply with all Minnesota Statutes, Rules and other regulations that apply to my establishment and any licenses issued from this application.**

**I certify that the information provided on this application is accurate and complete.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OVER-DEFINITIONS & FEE SCHEDULE ON BACK**

**Food, Beverage, and Lodging Establishment Definitions:**

**Limited Food Menu**-prepackaged food that receives heat treatment and is served in the package, continental breakfast, soft drinks, coffee, nonalcoholic beverages, dish washing.

**Small Establishment**-food service with no salad bar, equipment not exceeding one deep fat fryer, one grill; two hot holding containers; microwaves, or service of dipped ice cream/soft serve frozen desserts, or breakfast service in a bed and breakfast, or boarding establishments. *Establishments which do not provide catering service and which meet "Medium Establishments" equipment criteria below but have a total seating capacity of 50 or less people are "Small Establishments"*.

**Medium Establishment**-food service with seating over 50 and using a range, oven, steam table, salad bar, or salad preparation area, more than one deep fat fryer or grill, more than two hot holding containers, or provides catering.

**Large Establishment**-food service that meets the medium establishment definition and seats more than 175 people, serves a full menu selection an average of five or more days per week or caters 500 or more meals per day.

**Beer or Wine Table Service**-only beer or wine service to customers seated at tables.

**Alcohol Service From Bar**-alcoholic mixed drinks are served or where beer or wine is served from a bar.

**Individual Water**-a private water supply other than a community public water supply.

**Individual Sewer**-a private sewage treatment system which uses subsurface treatment and disposal.

**Lodging per Unit**-the number of guest rooms, cottages, or other rental units of a hotel, motel, lodging establishment, or resort, or the number of beds in a dormitory.

**Public Swimming Pool**-any swimming pool other than a private residential swimming pool.

**Spa Pool**-a public hot water pool intended for seated recreational use.

**Late Penalty**-additional charge added to the license fee when a person operates a business without first having made application and fee payment for the current year's license.

**FEE SCHEDULE AND CALCULATIONS**

Check (x)the appropriate boxes:

Base Fee (all establishments):..... **\$195.00** \$195.00

**PLEASE CHECK ALL THAT ARE APPLICABLE:**

**Food:**  Food  Bed & Breakfast  Boarding Establishment  
 Limited Food Menu..... \$ 70.00 \_\_\_\_\_  
 Small Establishment..... \$130.00 \_\_\_\_\_  
 Medium Establishment..... \$345.00 \_\_\_\_\_  
 Large Establishment..... \$600.00 \_\_\_\_\_

**Alcohol:**  
 Beer or Wine Table Service..... \$ 70.00 \_\_\_\_\_  
 Alcohol Service From Bar..... \$180.00 \_\_\_\_\_

**Other:**  
 Lodging  Motel/hotel  Resort  Lodging Establishment  
 -number of units \_\_\_\_\_ x..... \$ 10.50 \_\_\_\_\_  
 (maximum lodging fee of \$1,050.00)  
 Public Swimming Pool..... \$235.00 \_\_\_\_\_  
 Additional Pools – number \_\_\_\_\_ x..... \$130.00 \_\_\_\_\_  
 Spa Pool..... \$140.00 \_\_\_\_\_  
 Additional Spas – number \_\_\_\_\_ x..... \$ 70.00 \_\_\_\_\_  
 Individual Water  Sewer..... \$ 70.00 \_\_\_\_\_  
 Late Penalty – (1 to 30 days)..... \$100.00 \_\_\_\_\_  
 Late Penalty – (after 30 days)..... \$300.00 \_\_\_\_\_

Submit this total with application - Total Fee: \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO DOUGLAS COUNTY PUBLIC HEALTH**

**Notice:** The issuance of a dishonored check to this department will require a service charge per MN Statute Sect. 604.113.

**Boarding & Lodging Establishments:**

-Are you registered for Chapter 157.17, Special Services?  Yes  No  
 -Are you registered for Chapter 144D, Housing with Services?  Yes  No

**Manufactured Home Parks/Recreational Camping Areas:**

-If there is a manufactured home park or recreational camping area at this establishment, what is the license number?

**FOR OFFICE USE ONLY:**

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved?  Yes  No

Insp. Initials \_\_\_\_\_

Risk Level: H M L

**\*\*REMINDER\*\***

**Any major remodeling requires a Plan Review by this department. Please contact us AT LEAST ONE MONTH PRIOR to starting construction.**

**All equipment needs to be NSF approved: please contact this office if you're going to be replacing equipment.**

**FOR NEW OPERATORS APPLYING FOR LICENSE ON OR AFTER OCTOBER 1, THE LICENSE FEE IS 1/2 THE USUAL ANNUAL FEE, PLUS ANY PENALTY REQUIRED**

**ADD \$100.00 LATE PAYMENT FEE IF APPLYING 1 to 30 DAYS LATE, \$300.00 LATE PAYMENT FEE AFTER 30 DAYS (licenses expire on December 31)**