

The information you are being asked to provide in this section is

Washington County Public Health & Environment

FOR DEPARTMENT USE

14949 62nd Street North, Stillwater, MN 55082 T: 651-430-6655 | F: 651-430-6730 www.co.washington.mn.us/publichealth

2021

Application Note:

APPLICATION FOR FOOD SERVICE ESTABLISHMENT, LODGING ESTABLISHMENT, SWIMMING POOL, MANUFACTURED HOME PARK, RECREATIONAL CAMPING AREA, YOUTH CAMP

classified as public data under the Minnesota Data Practices Act.								
Licenses are non-transferable and non-refundable.			ESTABLISHMENT ID# RISK				RISK	
-	□ NEW LICENSE	for an Existing	<u></u> g Licer	nsec	d Est	ablisł	ıment	
☐ FIRST LICENSE for a New Establishmen	nt Date of reopening	ng:						
Date of opening:	Previous owner:							
3,000	Date of change of	of ownership:_						
Current Establishment Information								
Establishment Name:								
Establishment Contact:								
Establishment Address:								
City, State, Zip								
Establishment Phone #:								
Establishment Fax #:								
Establishment Email:								
Establishment Website:								
Owner Information								
Owner First/Last Name:								
Owner Business Name:								
Owner Address:								
City, State, Zip							<u> </u>	
Owner Phone #:							<u> </u>	
Owner Fax #:							<u> </u>	
Owner Email:								
Current Corporation Information (If diffe	erent than owner)							
Corporation Name:								
Corporation Contact:								
Corporation Address:								
City, State, Zip								
Corporation Phone #:								
Corporation Fax #:								
Corporation Email:								
Please indicate where you would like your correspondence mailed								
Legal Notices	Establishment	□Owner			Co	rpora	ation	
License Renewals	Establishment	□Owner			Co	rpora	ation	
Newsletters & General Information:	Establishment	□Owner			Co	rpora	ation	
Signature of Owner, Partner or Princip	pal Officer:	Title						
		Date						

2021 LICENSE CATEGORY AND FEE SCHEDULE

Please check all operations applicable to your establishment

Food Establishment (Full Service)			Public Swimming Facility		
☐Employ more than 18 employees	\$938.00	\$	☐Swimming Pool	\$412.00 (1 st Pool)	\$
☐Employ 18 employees or less	\$724.00	\$	☐Additional Pool	\$261.00 Each Add.	
			Specify Number of Pools		\$
Additional Facility	4.0.00			\$343.00 (1 st WP/Spa)	
□Bar	\$184.00 Each	\$	□Additional Whirlpool/S		\$
Number of facilities	40.000		Specify Number of Pools		
□Kitchen	\$219.00 Each	Ş			
Number of Facilities			MHP/RCA	64.45.00 Plus 60 F3 Pay 616	
Dall/Fack Faced/Oaffac Chair			□MHP Class A	\$146.00 Plus \$8.52 Per Site	<u> </u>
Deli/Fast Food/Coffee Shop	¢oen nn	ċ	Class B	\$146.00 Plus \$7.34 Per Site	<u>></u>
□Employ more than 18 employees	\$859.00	۶ <u></u>	Specify Number of Sites	¢150 00 Dlue ¢0 53 Der Site	
□Employ 18 employees or less	\$649.00	۶	□RCA Class A	\$158.00 Plus \$8.52 Per Site	ċ
Caterer/Commissary			Class B	\$158.00 Plus \$7.34 Per Site	ې
	\$938.00	¢	Specify Number of Sites		
□Employ more than 18 employees	\$938.00 \$724.00	۶ ¢	Vouth Comp		
□Employ 18 employees or less	37 24. 00		□Youth Camp 0-99 Campers	\$203.00	¢
Seasonal Concession Stand			100-200 Campers	\$317.00	٠ <u></u>
Limited	\$431.00	\$	201+ Campers	\$317.00 \$431.00	\$ \$
Limited	Ÿ ¬ Э1.00	٧	□Retail Food	\$111.00	٠ <u></u>
Seasonal Food Establishment			☐Certified Water Test (1st W	·	٧
□Employ more than 18 employees	\$607.00	\$	□Additional Wells	\$56.00 Each	
□Employ 18 employees or less	\$547.00 \$547.00	ς	Specify Number of Wells	•	\$
-Employ to employees of less	γ υ- 1.00	Υ	☐ Sanitary Survey (1st Well)		Ψ
Limited Food Establishment	\$416.00	Ś	□ Samtary Survey (1* Well) □ Additional Wells	\$34.00 Each	
Congregate Dining	\$416.00	\$	Specify Number of Wells		\$
	7	·	specify italiaer of wells		٧
			Plan Review Fees		
Catering Food Vehicle Each Vehicle	\$89.00 Up To		□New/Initial or Extensive	e Remodel	\$
Fleet of 5 or more	\$434.00 Max	\$	See Details on PLAN REVI	EW APPLICATION	
School Food Service					
□Full Base Kitchen	\$645.00	Ş	☐Minor Equipment	\$141.00	\$ <u> </u>
☐Majority Food Prepared Off Site	\$536.00	\$	☐Minor Remodeling		
☐Serving Kitchen or Satellite	\$319.00	\$	See Details on PLAN REVI		\$
□Concession/School Sponsored	4		☐Youth Camp Lodging	\$115.00 plus \$6.90 per room	\$ <u></u>
1 School	\$47.00	\$	Specify Number of Sites_		<u> </u>
2 – 10 Schools	\$94.00	\$	☐Youth Camp Food	\$572.00	\$
	\$151.00	\$		ć572.00	Ļ
11 + Schools			☐ Exempt Organization	\$572.00	<u>></u>
	¢c07.00		□Plan Review Late Fee		
Day Care with Food Prep	\$607.00	\$	/I acc than 30 dama materia	a construction) FOCC - CLI	Ċ
Day Care with Food Prep	\$607.00 \$370.00	\$ \$		o construction) 50% of License	\$
□Day Care with Food Prep □Day Care Limited Food	\$370.00	\$ \$	☐Change of Ownership Ir	rspection	\$ \$
□Day Care with Food Prep □Day Care Limited Food □Bed and Breakfast	\$370.00 \$448.00	\$ \$ \$	□ Change of Ownership Ir (50% of Annual License Fe	nspection ee)	\$ \$
□Day Care with Food Prep □Day Care Limited Food □Bed and Breakfast □Board and Lodging	\$370.00 \$448.00 \$448.00	\$ \$ \$	□Change of Ownership Ir (50% of Annual License Fo □Operating without a lice	nspection ee) ense	\$ \$ \$
11 + Schools Day Care with Food Prep Day Care Limited Food Bed and Breakfast Board and Lodging Board	\$370.00 \$448.00	\$\$ \$ \$\$	□ Change of Ownership Ir (50% of Annual License Fe	nspection ee) ense ee)	\$ \$ \$
□Day Care with Food Prep □Day Care Limited Food □Bed and Breakfast □Board and Lodging	\$370.00 \$448.00 \$448.00	\$\$ \$\$ \$\$	□Change of Ownership Ir (50% of Annual License Fo □Operating without a lice	nspection ee) ense ee) 194.00 Plus	\$ \$ \$

MUST COMPLETE PAGE 4

Total Amount Due \$_

Please make checks payable to Washington County

Minnesota Statutes section 176.182 requires you to supply information regarding workers' compensation.								
WORKERS' COMPENSATION INSURANCE								
1. Workers' Compensation	on insurance comp	any name:						
2. Address of insurance c	ompany:							
City, State, Zip Code								
3. Workers' Compensation								
4. Effective Date:			Expiration Date:					
Name of Certified Food P	rotection Manage	er:						
State Certification Number	State Certification Number: Expiration Date:							
Name of Certified Pool O	perator:							
Certification Number:			Expiration Date:					
LIST ALL OWNERS, PARTNERS,	OR PRINCIPAL OFFICE	RS. Persons liste	ed may be held responsibl	e for compliance	with applicable ordinances.			
Name	Title		Name	Ti	tle			
Name	Title		Name	Ti	tle			
Water Supply Source:]Municipal □Pi	rivate Well	Sewage System:	□Municipal	□Private			
		INDIVIDU	AL INFORMATIO	<u>N</u>				
	MINNESC	ΤΔ ΤΔΧ ΙΠΕΙ	NTIFICATION NUME	RER NOTICE				
= =	information you ar	e being asked t		n is classified as	s public data except the individual ent Data Practices Act.			
Applicant Last Name	First Name	MI	Position:		Security Number REQUIRED IF NO MN TAX ID)			
Applicant Address:			City, State, Zip					
Business Name:			Minnesota Tax Ide	entification Nu	mber:			
Business Address:			City, State, Zip					
Minnesota Statues, section 270.	72, Subd.4, requires y	ou supply your N	 nnesota Business Tax Ide	entification Numb	er OR your Social Security Number.			

Date_

Signature

Emergency Contact Information

Applicant Note: We are being required to collect the following emergency contact information for your establishment. This information will be used to notify establishments, by phone or email, in the event of an emergency that may cause illness or injury.

First Name:
Last Name:
Title:
Telephone:
Cell Phone:
Fax:
Email:
Contact Preference:
** FOR MOBILE FOOD UNIT AND SEASONAL TEMPORARY FOOD STANDS ONLY ** Dates and locations of first 5 Washington County events. 1
Vehicle License Plate Number: Current License Agency: Current License Number:
Are any menu items prepared off-site? YES NO If yes, where?
A copy of your current license
A brief list of menu items