

## EDUCATIONAL FACILITY FOOD SERVICE PERMIT APPLICATION

School Name: \_\_\_\_\_ Dist. Name: \_\_\_\_\_ Dist. #: \_\_\_\_\_

School Mailing

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

Superintendent Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Principal Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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NOTE: Pursuant to Mn. Stat. 176.182 and 270.72, the following information is required of each license applicant.

### WORKERS' COMPENSATION INFORMATION

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

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

Policy Number: \_\_\_\_\_ Dates of coverage \_\_\_\_\_ through \_\_\_\_\_

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Please list all temporary and permanent satellite food service sites for this school:

TYPE	FOOD SERVED	DATES/TIMES IN OPERATION	LOCATION
(ie.) Concession Stand	Hotdogs, pop, candy	Thurs. 4 p.m. - 7 p.m.	High school softball field

All food service operations for school will be inspected at least once per school season.

Annual fee for inspection: \$330.63      Service Kitchens Only: \$165.31      With catering add: \$56.53

For office use only

Date Rec: \_\_\_\_\_

Check #: \_\_\_\_\_

Amt. Pd.: \_\_\_\_\_

320-843-4546

Make checks payable to:  
 Countryside Public Health Service  
 201 13th St. So.  
 Benson, Mn. 56215

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Signature

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Date

F:CPHS/Env/Forms/schoolpermit