

COUNTRYSIDE PUBLIC HEALTH SERVICE
201 13TH St. So., Benson, MN 56215
Phone: 320-843-4546 OR 1-800-657-3291

License Application for FOOD, BEVERAGE AND LODGING ESTABLISHMENTS - 2011

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

1. This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

APPLICANT/MAILING INFORMATION:

Owner's social security # _____

MN Business Tax ID # _____

Primary Owner Name (Individual, Corporation, Partnership) _____

Street and Mailing Address _____

City _____

State/Zip _____

Telephone _____

ESTABLISHMENT INFORMATION:

Establishment Name _____

Establishment Street Address _____

City _____

State/Zip _____

County _____

Establishment Telephone # _____

Fax# _____

E-Mail Address _____

Manager's Name _____

CFM Manager Name _____

CFM# _____

Exp. Date _____

Business Type: ____Year-round ____Seasonal (opens _____ closes _____)

Business Hours/Days _____ Seating Capacity _____

Water Supply: Municipal ____ Private ____ # of wells ____ **Sewage System:** Municipal ____ Private ____

Place "X" where license, renewals & notices should be sent: ____ **Applicant Mailing Address**
____ **Establishment Address**

WORKERS' COMP INFORMATION: NOTE: Pursuant to Mn. Stat. 176.182 & 270.72, the following information is required of each license applicant.

Insurance Company Name & Address _____

Policy Number _____ Dates of Coverage _____ thru _____

I certify that I am not required to carry workers' compensation liability coverage because:

____ I am 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 & children) are NOT covered by the workers' compensation law.

Food, Beverage, Lodging Establishment Definitions:

Limited Food Establishment – Prepackaged food that receives heat treatment and is served in the package, continental breakfast, soft drinks, coffee, nonalcoholic beverages, dishwashing.

Small Food 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 establishment.

Establishments which do not provide catering service and which meet “Medium Establishment” equipment criteria below but have a total seating capacity of 50 or less people are “Small Establishments”.

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

Large Food 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.

Service Kitchen – A facility where foods prepared at another licensed establishment are served.

Catering – An individual or organization that prepares food in an inspected kitchen and serves it for special events. Food may either be served on site, or transported to another location for serving.

Additional Facility – A facility having more than one kitchen and/or alcohol service within the same building.

Outdoor Grilling – Small, medium or large licensed establishments who wish to cook pre-approved foods on site using an outdoor grill and who comply with the CPHS Requirements for Outdoor Grilling.

Alcohol Service From Bar – Alcoholic mixed drinks are served, or where beer or wine are served from a bar.

Beer or Wine Table Service – Only beer or wine service to customers seated at tables.

Individual Water – A private water supply other than a community public water supply.

Individual Sewer – A private sewage treatment system that 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.

Plan Review When an establishment is to be constructed or extensively remodeled, prepared plans and specifications shall be submitted to and approved by Countryside Public Health **BEFORE** construction begins.

Partial Plan Review Establishment being remodeled or a very small facility shall submit plans to be approved by Countryside Public Health **BEFORE** construction begins.

Fee Schedule and Calculations

FOOD – use only one highest applicable category

Catering - \$106.21.....	_____
Service Kitchen - \$28.37.....	_____
Limited Food Menu - \$45.00.....	_____
Small Establishment - \$90.00.....	_____
With Outdoor Grilling add - \$70.00.....	_____
Medium Establishment - \$196.68.....	_____
With Outdoor Grilling add - \$70.00.....	_____
With Catering add - \$70.00.....	_____
Large Establishment - \$327.50.....	_____
With Outdoor Grilling add - \$70.00.....	_____
With Catering add - \$70.00.....	_____
Additional Facility (food or alcohol) - \$70.00.....	_____

ALCOHOL –use only one highest applicable category

Beer or Wine Table Service - \$45.00.....	_____
Alcohol Service from Bar – 123.75.....	_____

OTHER – Use All applicable categories

Lodging – No. of units _____ x \$7.50.....	_____
(maximum fee \$1500.00)	
Public/Main swimming pool - \$181.88.....	_____
Additional Pools – No. of pools _____ x \$103.13	_____
Private Water and/or Sewer - \$45.00.....	_____
Additional wells – No. of wells _____ x\$45.00...	_____
Late Penalty - 25%.....	_____
Full Plan Review Fee - \$300.00.....	_____
Partial/Small Plan Review Fee - \$150.00.....	_____

Base Fee paid by all establishments..... \$112.50

SUBMIT THIS TOTAL FEE:....._____

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

NOTICE: From and after October 1 of each year, the license fee for new establishments or operators shall be one-half of the appropriate annual license fees plus any penalty that may be required. Establishment licenses are not transferable from person or place. License fees are not refundable.

PENALTY FEE: A penalty fee of 25% of the license fee is required when applying less than 10 days prior to opening any establishment.