Countryside Public Health
201 13th Street South
Benson, MN 56215
V/TTY 320-843-4546

License Application For Special Event Food Stand

A ***Special Event Food Stand*** is a food and beverage service establishment which is used in conjunction with celebrations and special events, and which operates no more than three times annually for no more than ten total days.

Check (√) the license type: Renewal License #_____ New Establishment#_____

Fees: Special Event Food Stand Fee: $35 Late Penalty Fee: $10 Total Fee:_____

APPLICATION AND FEE MUST BE RECEIVED 24 HOURS PRIOR TO THE EVENT TO AVOID THE LATE PENALTY FEE.

Make checks payable to: Countryside Public Health. Notice: The issuance of a dishonored check to this department will require a service charge of $20.00 per check as in Minn. Statutes, section 332.50.

Applicant Information

Primary Applicant Name:_____ Telephone:_____

Mailing Address:_____
Street/PO Box City State Zip

Applicant Social Security Number_____ - _____ - _____

Establishment/Group Information

Establishment/Group Name:_____

Minnesota Business Tax Identification Number (if applicable)_____

Worker's Compensation Information

Notice to all applicants: Minnesota Statutes, section 270.72, 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 on this application is public data, except the individual's social security number, which is private.

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

I am a sole proprietor and I have no employees.
I have no employees who are covered by the worker's compensation law. Note: Only employees exempt by statute (spouse, parent, children) are not covered by the worker's compensation law.
I represent a nonprofit association which does not pay more than $1000 in salary or wages in a year.

- OR -

Insurance Company Name/Address/Policy: (if applicable)_____

_____

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

Signature:_____ Date:_____

- over –

Event Information

Name of Event #1:_____

Location:_____
Event Site City County

Date(s) of event:_____ Time of event:_____

Name of Event #2:_____

Location:_____
Event Site City County

Date(s) of event:_____ Time of event:_____

Name of Event #3:_____

Location:_____
Event Site City County

Date(s) of event:_____ Time of event:_____

Complete the following information. ***Note:*** *If the menu will vary from one event to another, or if a stand will be operated at different locations, please submit the following information for <u>each</u> event.*

1. List all food and beverages which will be served at this stand and include their sources.

2. List all equipment used in this food service operation.

3. What facilities will be provided for handwashing purposes?

4. Describe the facilities and procedures used for dishwashing.

5. What is the source of water for this stand? Indicate if hoses or containers are used for transporting water.

6. How will liquid and solid wastes be disposed?