



Special Event Food Stand

LICENSE APPLICATION

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 workers' compensation insurance. All data submitted in this application are public data except the individual's social security number, which is private. **NO CASH, CREDIT or DEBIT CARDS** You must submit this application and pay all fees before you begin operation. (MN Statutes, section 157.16)

Print clearly and return all pages.

License type

- ☐ Renewal - license # _____
☒ New establishment # _____

Food Stand information

Food stand name _____

Applicant information (Corporation or Operator)

Corporation name _____ Primary officer _____

Contact phone # _____/_____ Email _____ or

Individual operator: First name _____ Middle initial ____ Last name _____

Contact phone # _____/_____ Email _____

Individual operator's social security # _____ - _____ - _____

MN business tax identification # (This must be provided for licensure if applicable) _____

Federal tax number _____ - _____

Corporation or Operator mailing address (This is where the license will be mailed)

Street/PO box City State Zip
Emergency contact name _____ **Emergency telephone #** _____/_____
Emergency Email _____

Where should renewals and notices be sent? ☐ Mailing address ☐ Corporation email ☐ Operator email

Workers' compensation information

(This must be provided for licensure)

Insurance company name _____

Mailing address _____

Street/PO box City State Zip
Policy # _____ Dates of coverage _____ through _____ or

I certify that I am not required to carry workers' 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.
☐ I represent a nonprofit association which does not pay more than \$1000 in salary or wages in a year.

For office use only

San. name Monique Erickson

Lic # _____

☐ Pending ☒ Approved **H M L**

Special event definition

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 ten total days in the current calendar year. The dates for your event must be listed before the Department can issue a license.**

Fee schedule

Special event fee	\$ <u>75</u>	
☒ Hospitality fee (all establishments)	\$ <u>50</u>	
☒ Technology fee (all establishments)	\$ <u>5</u>	
Total fee due	\$ <u>130</u>	☒ Submit this total with application
If late penalty applies		
☐ Late penalty	\$ <u>100</u>	
Total fee due including late penalty	\$ <u> </u>	☐ Submit this total with application

Make checks payable to Minnesota Department of Health – NO CASH, CREDIT or DEBIT CARDS ACCEPTED

Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check as in Minnesota Statutes, section 604.113, subd. 2 (a). Additional civil penalties may be imposed for nonpayment.

Special event information

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 **each** event. **(Attach additional sheets)**

1. List all foods and beverages that 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?

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

Signature _____ **Date** _____

Submit license application/fee to

Minnesota Department of Health
Food, Pools, and Lodging Services Section
PO Box 64495
St. Paul, Minnesota 55164-0495

Food, Pools, and Lodging Services Section
(<http://www.health.state.mn.us>)
651-201-4500

07/01/2025

To obtain this information in a different format, call
651-201-4500/Printed on recycled paper.

Special event information

This Department does not provide a license to operate a special event in the following counties; Anoka, Bigstone, Brown, Chippewa, Clay, Douglas, Faribault, Hennepin, Kandiyohi, La Qui Parle, Lake, LeSueur, Lincoln, Lyon, Martin, Morrison, Murray, Nicollet, Olmsted, Otter Tail, Pipestone, Pope, Ramsey (except St. Paul), Redwood, Renville, Rock, Stearns, Swift, Todd, Waseca, Washington, Wilkin, and Yellow Medicine.

If you are planning on operating a special event in one of the above counties, please contact that county.

List special event (cannot exceed 10 days)

Name of event #1 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

Name of event #2 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

Name of event #3 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

Name of event #4 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

Name of event #5 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

Name of event #6 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

Name of event #7 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

Name of event #8 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

Name of event #9 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

Name of event #10 _____

Event site _____ City _____ County _____

Dates of events _____ Time of event _____

