



Horizon Environmental Health
Serving Douglas & Pope Counties
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Special Event Food Stand – License Application

- A special event food stand is a food and beverage service establishment used in conjunction with celebrations and special events.
- One organization/person may apply for a special event food stand license which covers multiple events/days but which does not operate more than 10 total days per calendar year.
- If all events are not known/planned yet at the time of the initial application, it is the applicant's/organization's responsibility to contact our office with additional event information, complete the required forms and pay the fee for each additional event no less than 14 days prior to the events.

Organization/Business/Group Name (4H club name, sports booster group, business name, etc):
Mailing Address:
Contact Person (for general questions on application, such as payment, dates, times, etc) :
Contact Person Phone Number:
Contact Person Email Address:

Fee Calculator: (Check all that apply)	Number of Events	Total Number of Days Event(s) in Operation	Fee	Amount Due
First Event/Single Event	1		\$35.00	\$35.00
Additional Events – Not to exceed 10 days total			\$5.00 each event	
Late Fee*			\$25.00	
Penalty for Operating Without A License			\$75.00	
Total Amount Due:				

applications not received at least 14 days prior to event date will be charged a \$25.00 late fee

-- **If paying by check, make checks payable to: HORIZON PUBLIC HEALTH**

Notice: The issuance of a dishonored check to this department will require a service charge per MN Statute Section 604.113

We also offer the option of paying online—please use the following link or scan the QR code

<https://horizonpublichealth.org/payments/special-event-payments/>



For Office/Staff Use Only

Date License Mailed: _____

Date Application Received/Paid: _____ Check #: _____ Amount: _____ Received by: _____
<input type="checkbox"/> Application Reviewed – No need to contact applicant <input type="checkbox"/> Application Reviewed – Applicant was contacted about the following: <input type="checkbox"/> Hot holding <input type="checkbox"/> Cold holding <input type="checkbox"/> Cooking <input type="checkbox"/> Cooling <input type="checkbox"/> Equipment <input type="checkbox"/> Food Sources <input type="checkbox"/> Transporting <input type="checkbox"/> Water Source <input type="checkbox"/> Cleaning/Sanitizing <input type="checkbox"/> Handwashing <input type="checkbox"/> Dishwashing <input type="checkbox"/> Trash Disposal <input type="checkbox"/> Waste Water <input type="checkbox"/> Other: _____
Comments: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Signature: _____ Date: _____

Horizon Environmental Health Special Event Food Stand –Event Information

Complete and submit pages 2 and 3 for each separate event*

*If you have additional events and they are all EXACTLY the same except for dates/times/locations, you may indicate so and use only one application; if additional events are any different in menu/ facilities/equipment, you must complete/submit pages 2 and 3 of application for each event: **all events are EXACTLY the same in menu/facilities/equipment**

Organization/Group/Business Name Applying for License:
Name of Event (i.e., County Fair, Customer Appreciation, etc.):
Event Location (name, ie, County Fairgrounds, & street address) & Address:
Where will food stand be located at within this event location?
Person In Charge of Food Stand - Name & Telephone Number:
Person in Charge of Food Preparation - Name & Telephone Number: <i>(if different from person in charge of food stand)</i>
Location Where Food Will Be Prepared: (on site, or name and address of licensed/approved kitchen: *NO HOME PREPARED FOODS ALLOWED!!*
Date(s) of Event:
Time(s) of Food Stand Operation: (Duration of time food stand will be staffed) Begin: _____ am/pm End: _____ am/pm
Time(s) of Food Service: (Duration of time food will be served to the public) Begin: _____ am/pm End: _____ am/pm
Transportation of Food to Event (check all that apply): <input type="checkbox"/> Picking up food at store and taking directly to event <input type="checkbox"/> Food will be delivered to event site by supplier(s)
Will you be cooling and reheating previously cooked food for this event? <input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, list food and procedures:
What type of thermometer will be used to monitor food cooking and holding temperatures? <input type="checkbox"/> Dial <input type="checkbox"/> Digital
Water Source (for handwashing, food prep, and/or serving) – water must come from an approved public water supply system, not a private well: <input type="checkbox"/> Municipal/City <input type="checkbox"/> Bottled Water
Will you be using/providing ice at this event? <input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, list where will ice come from (ie, grocery store)
Handwashing Facilities: <input type="checkbox"/> Fully Plumbed Sink – location: <input type="checkbox"/> Temporary Set-Up (see handout included in this information packet) <input type="checkbox"/> Rented Handwashing Station (rented from: _____)
Dish/Utensil/Equipment Washing: <input type="checkbox"/> Fully Plumbed Three-Compartment Sink-Location: _____ <input type="checkbox"/> Dish Machine – Location: _____ <input type="checkbox"/> Temporary Set-Up (see handout included in this information packet) <input type="checkbox"/> NA/no dishes/single serve items only – explain: _____
What sanitizer will be used for equipment, utensils, & food contact surfaces? Sanitizer test strips must be provided! <input type="checkbox"/> Chlorine/Bleach Water <input type="checkbox"/> Quaternary Ammonium/"QA" I will provide sanitizer test strips (initial here) _____
Where will cooking oils, grease, and/or trash be disposed of?
NOTE: Waste water from cleaning, sanitizing, and handwashing must be disposed of down a sanitary sewer drain.
What equipment/structures will be available to protect food areas? Describe the following:
-Overhead Protection:
-Flooring Surface:
-Side Protection (for adverse weather):
-Fire Extinguisher:

DON'T FORGET TO COMPLETE THE MENU SECTION ON NEXT PAGE

HORIZON ENVIRONMENTAL HEALTH – SPECIAL EVENT FOOD STAND MENU

Horizon Environmental Health may restrict the type of food served or the method of food preparation based on equipment limitations, the unavailability of a permanent establishment for utensil and warewashing, adverse climatic conditions, or any other condition that poses a hazard to public health. (MN Rules 4626.1855, Subpart R).

List all menu items that will be served, the approved source where menu items will be purchased from (grocery store, deli, commercial distributor, etc.), the food storage method used to keep cold foods at or below 41° F (mechanical refrigeration* or freezer, dry ice, cooler, etc.), all food preparation equipment used for menu item (gas grill, oven, etc.), and all food holding equipment used to keep hot foods at or above 140°F. **NO CROCKPOTS!!!**

***Mechanical refrigeration is required for storing potentially hazardous foods held for four (4) hours or longer.**

!!Food intended for the public CANNOT be stored, prepared, or cooked in a private home!!

Menu Item	Source (i.e., grocery store)	Storage	Preparation Equipment	Holding Equipment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I declare that the information on this application is correct. I agree to comply with the laws and rules of the State of Minnesota and Horizon Environmental Health. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

Applicant's Signature: _____ **Date:** _____

Horizon Environmental Health Special Event Food Stand
REQUIRED INFORMATION FOR THE MINNESOTA DEPARTMENT OF REVENUE

Every licensee/applicant is required to provide either a MN Tax Identification Number or a Social Security Number if you do not have a MN Tax Identification Number. Your Social Security number is considered private data and will be treated as such as required by law.

Under Minnesota law (M.S. 270C.72 Subd 4), the agency issuing you this license is required to provide the following information to the Minnesota Commissioner of Revenue upon request: business name, address, Minnesota Business Identification Number (also called Minnesota Tax ID Number), and Federal Employer Identification Number (FEIN).

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

- This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency (Horizon Environmental Health) will supply this information 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;
- Failing to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

Business Name:	
Business Owner Name: LEGAL NAME ASSOCIATED WITH YOUR TAX ID NUMBERS AS IT APPEARS ON YOUR TAX RETURN DOCUMENTS:	
MN Tax Identification Number: _____	Owner's Social Security Number _____ - _____ - _____
Federal Employer Tax ID Number (FEIN): _____ - _____	

WORKER'S COMPENSATION INSURANCE COVERAGE

Minnesota Statute 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181 Subd 2. The information required is: name of the insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 176.181 Subd 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Worker's Compensation Insurance Company Name	Policy Number	Dates of Coverage From: To:
OR, I certify that I am not required to carry workers' compensation insurance because (check one): <input type="checkbox"/> I am the sole proprietor and have no employees. <input type="checkbox"/> I am self-insured (you must include a copy of the permit to self-insure) <input type="checkbox"/> I have no employees who are covered by workers' compensation law. (Exempt employees include: spouse, parents, and children – all other employees must be covered; see Minnesota Statute 176 for a complete list of excluded employees.)		

By my signature below I declare that the above information is true and correct. I agree to comply with the laws and rules of the State of Minnesota and Horizon Environmental Health. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

Applicant's Name, Printed	Applicant's Title
Applicant's Signature	Date