

# HENNEPIN COUNTY

## PUBLIC HEALTH

## 2024 Plan Review & Licensing Requirements

### Mobile and seasonal food operations

#### Mobile food unit

"Mobile food unit" means a food and beverage service establishment that is a vehicle mounted unit, either:

- (1) motorized or trailered, operating no more than 21 days annually at any one place, or operating more than 21 days annually at any one place with the approval of the regulatory authority as defined in Minnesota Rules, part 4626.0020, subpart 70; or
- (2) operated in conjunction with a permanent business licensed under chapter 157 or chapter 28A at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.
  - Minnesota Statutes, section 157.15, subdivision 9

#### Seasonal temporary food stand

"Seasonal temporary food stand" means a food and beverage service establishment that is a food stand which is disassembled and moved from location to location, but which operates for no more than 21 days annually at any one location, except as provided in paragraph (b).

- (b) A seasonal temporary food stand may operate for more than 21 days annually at any one place with the approval of the regulatory authority, as defined in Minnesota Rules, part 4626.0020, subpart 70, that has jurisdiction over the seasonal temporary food stand.
  - Minnesota Statutes, section 157.15, subdivision 13

#### Seasonal permanent food stand

"Seasonal permanent food stand" means a food and beverage service establishment which is a permanent food service stand or building, but which operates no more than 21 days annually.

– Minnesota Statutes, section 157.15, subdivision 12a.

#### Food cart

"Food cart" means a food and beverage service establishment that is a nonmotorized vehicle self-propelled by the operator.

– Minnesota Statutes, section 157.15, subdivision 6.

Based on Hennepin County Ordinances No. 1, 3, 5, and 6 the following requirements and guidelines have been established for the construction, remodeling, conversion and operation of food and beverage operations as defined in MN Rule 4626.0020 Subpart 35.



## Consultation applications

If you wish to speak with a plan reviewer without submitting a complete plan you may request either an onsite or an in-office consult (see fee schedule for associated fees). Consult fees will be applied toward any resulting plan fees if the operator decides to move forward with the full plan review process for licensing.

Consultation applications will require the following:

- o Contact information
- o Menu
- o Scope of work
- o Location desired for consultation if offsite (must be within Hennepin County and not at a private residence)
- o Consultation fee payment

## Plan review applications – Seasonal food stands

Submit plan review application with payment and:

- o Contact information
- o Menu \*see template in application for required information
- o Scope of work
- o Layout of setup (photos or drawn to scale with scale indicated)
- o Equipment specifications
- o Handwashing capabilities
- o Warewashing capabilities
- o Water source
- o Water tank fill and dump locations if applicable
- o Certified Food Protection Manager certificate for the person in charge

## Plan review applications – Mobile food units

Submit plan review application with payment and:

- o Contact information
- o Menu \*see template in application for required information
- o Floor plan/layout including all equipment drawn to scale with scale provided
- o Equipment specification sheets numbered according to plan equipment list and detailed on floor plan
- o Finish schedule (construction materials of work areas i.e. floors, walls ceiling, and base cove)
- o Cabinetry and countertop information
- o Mechanical specifications
- o Plumbing specifications
- o Water tank fill and dump locations
- o Lighting plan-light location, intensity and shielding/shatter-resistance
- o Commissary/support facility information and use agreement
- o Certified Food Protection Manager certificate for the person in charge

**\*Plan reviewers have 30 calendar days from receipt of the complete plan review application to respond with an approval or denial letter.**



### Plan Review Fees

- For the review process to begin, a minimum \$100.00 deposit must accompany the application. The remainder of the plan fee will be invoiced upon completion of the review process.

### License Fees and Requirements

- License fees are separate from the plan review fees. All fees must be paid prior to a final inspection.
- Worker’s Comp/Tax Form must be submitted prior to a final inspection. No license will be issued without this form.

### Final Inspection Requirements

- Operations must be constructed and finished to conform to the approved plans. Any deviations from the original/approved plan MUST be approved by the plan reviewer.
- The final plan review fee(s) and the license fee must both be paid in full before a final inspection with the Health Authority can be scheduled.
- The Health Authority will conduct a final inspection prior to the start of operations and before a license(s) can be issued. Should the Health Authority arrive for the final inspection and the establishment is not ready, there will be a \$128.00 re-inspection fee.
- Approved plans are valid for one year from the approval date.

## 2024 Plan Review Fees

License categories are determined by the type of food, amount of food handling, risk level of the food, and the size of the operation.

Seasonal food stands		Mobile food truck, trailer, cart	
<b>Initial application fee</b>	<b>\$168</b>	<b>Initial application fee</b>	<b>\$100</b>
<b>Primary license</b>		<b>Primary license</b>	
-New or over 50%	\$584	-New or over 50%	\$882
-Less than 50%	\$389	-Less than 50%	\$588
<b>Additional license</b>		<b>Additional license</b>	
-New or over 50%	\$291	-New or over 50%	\$440
-Less than 50%	\$194	-Less than 50%	\$293
<b>Special Fees</b>			
Opening without license – Opening facility without health official approval			<b>50% of license fee</b>
Re-submission of plan – Major changes or new designer/architect after initial review			<b>25% plan review fee</b>
Late plan fee – Starting construction without an approved plan			<b>Double plan review fee</b>
Re-inspection fee			<b>\$128</b>



# Plan Review Application – Mobile Food Units & Seasonal Stands

Return To:  
**Hennepin County Public Health Department**  
**Epidemiology and Environmental Health**  
**479 Prairie Center Dr. Eden Prairie, MN 55344**

Business/Owner Information			
Owner Name:	Truck/Stand Name:		
Address*:	City:	State:	Zip Code:
Contact Name:	Phone:		
Owner Email:			
Plan Review Type & Deposit Amount			
<input type="checkbox"/> On Site Consult \$168.00	<input type="checkbox"/> In Office Consult \$71.00	<input type="checkbox"/> Mobile food unit \$100.00	<input type="checkbox"/> Seasonal food stand \$168.00
<i>A minimum \$100.00 deposit must accompany completed plan application (checks payable to: Hennepin County Treasurer)</i>			
<b>Deposit Amount: \$ _____ Remaining plan fees will be sent to the owner</b>			
Contractor Information (if applicable)			
Company Name:		Phone:	
Contact Name:		Email:	
Type(s) of Service			
<input type="checkbox"/> Food Truck/Trailer	<input type="checkbox"/> Food Cart	<input type="checkbox"/> Temporary Food Stand (knock-down)	<input type="checkbox"/> Permanent Food Stand
Proposed Hours of Operation		Operational Information	
Mon:	Fri:	Water tank size (gallons)	
Tues:	Sat:	Freshwater:	Greywater:
Wed:	Sun:	Support kitchen location:	
Thurs:			
Anticipated daily meal volume:		Certified Food Protection Manager (CFPM):	
Scope of Work			
<i>Briefly describe intended operations or remodel plan</i>			

*\*Must be a valid mailing address. All correspondence will be sent to this address*







**Worker's Comp/Tax Form**

Pursuant to Minnesota Statute 270.72, Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant. Under the Minnesota Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the information described above:

1. This information may be used to revoke, deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it to the Minnesota Department of Revenue. In addition, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your application for renewal or transfer.

Pursuant to Minnesota Statute 176.182, the licensing authority is required to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of MSS, Chapter 176. The information required is: the name of insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their file.

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 or falsely stated, it may result in a \$1000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

**OWNER INFORMATION**

APPLICANT'S NAME (LAST, FIRST, M.I.)

APPLICANT'S STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

**ESTABLISHMENT INFORMATION**

NAME OF ESTABLISHMENT

DBA (IF DIFFERENT)

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

CONTACT NAME

TITLE

PHONE NUMBER

**TAX INFORMATION**

MINNESOTA TAX IDENTIFICATION NUMBER

FEDERAL TAX IDENTIFICATION NUMBER

IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED, PLEASE EXPLAIN BELOW.

**WORKER'S COMPENSATION INSURANCE INFORMATION**

WORKERS COMPENSATION INSURANCE COMPANY NAME (INSURANCE COMPANY NAME - NOT AGENT)

POLICY NUMBER

DATES OF COVERAGE:

STARTING DATE:

THROUGH (ENDING DATE)

**OR**

I certify that I am not required to carry worker's compensation insurance because (check one):

 I am sole proprietor and I have **NO** employees. I am self insured. (include permit to self-insure) I have no employees who are covered by the worker's compensation law (Only employees who are specifically exempted by statute are not covered by the worker's compensation law.) These include: Spouse, Parents, Children regardless of age and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.

I certify that the information provided is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.

SIGNATURE

TITLE

DATE

# HENNEPIN COUNTY

## PUBLIC HEALTH

### Servicing Area Agreement

THIS AGREEMENT MUST BE COMPLETED AND SUBMITTED BY ALL TRANSIENT\* FOOD VENDORS WHOS OPERATION REQUIRES A SERVICING KITCHEN OR WHOS COMMISSARY OPERATIONS ARE OUTSIDE OF HENNEPIN COUNTY JURISDICTION. SEE PROVIDED MAP.

[\\*Sec. 157.16 MN Statutes](#)

#### Establishment Information

Please provide the name of your Mobile Food Unit, Food Cart. Or Seasonal Temporary Food Stand.

Establishment Name	Address	City, State, Zip code
Primary Contact	Phone and Email	Food License #

#### Support services

Please select the services that will take place at the servicing area.

- Vehicle and Equipment cleaning
- Emptying liquid or solid waste
- Refilling water tanks or ice bins
- Loading/Storage of food
- Cleaning and sanitizing of utensils and/or equipment
- Other (*describe*) \_\_\_\_\_

#### Servicing area information

Please provide information for the facility to be used as the servicing area.

Licensed Facility Name	Address	City, State, Zip code
Phone	Email	License Agency and #

#### Authorization

I authorize \_\_\_\_\_ to use my licensed facility as a servicing area.

#### Servicing area owner/operator signature

Sign:

Print:

Date

**Hennepin County** Environmental Health

Office: 612-543-5200

[hennepin.us/envhealth](http://hennepin.us/envhealth)





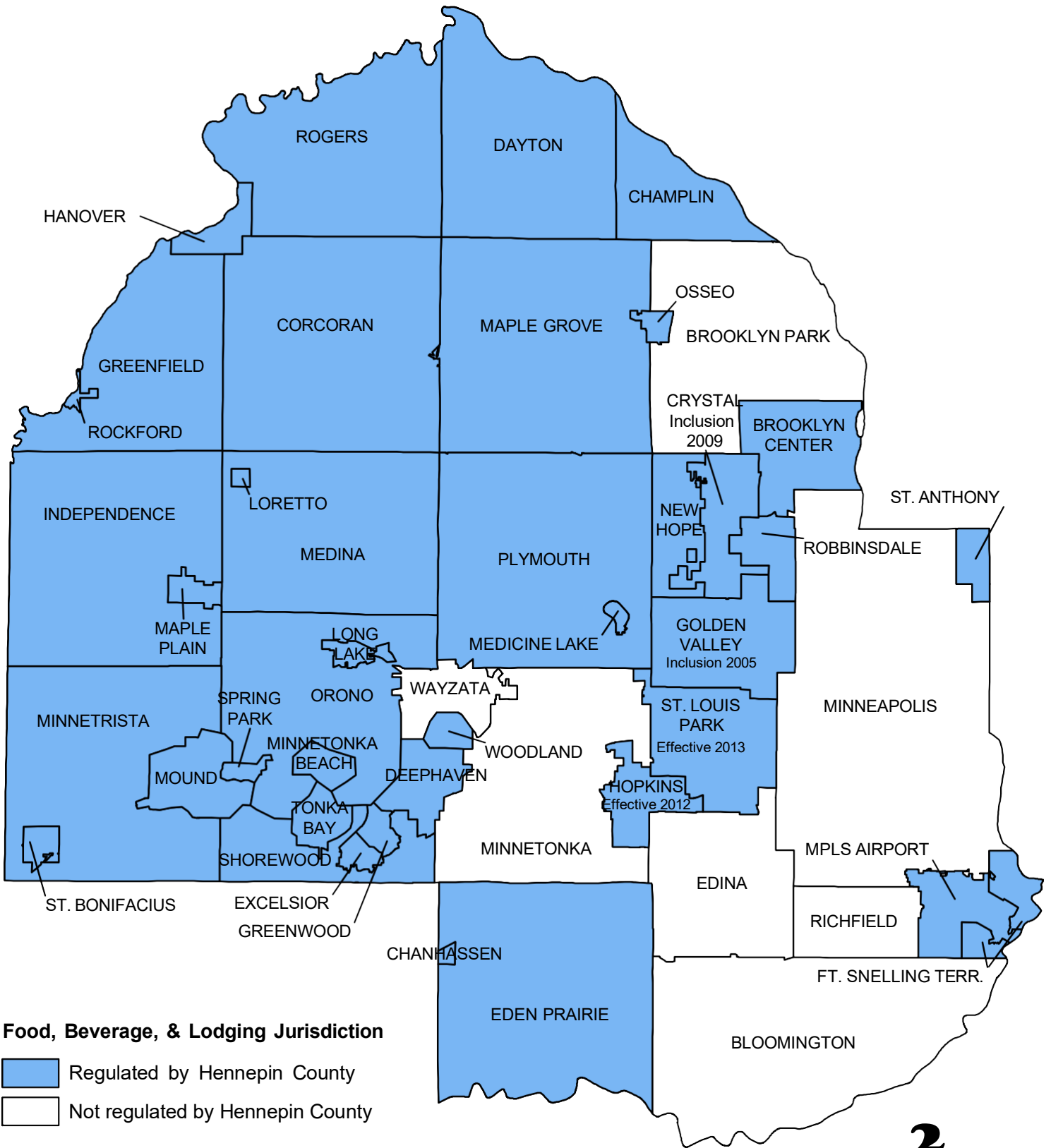
# Food, Beverage, & Lodging Jurisdiction

Regulated by Hennepin County Environmental Health

Hennepin County

Human Services  
and Public Health  
Department

Public Health Protection  
Environmental Health



Source: Hennepin County HSPHD - Public Health Protection 8/2012

Prepared by: Hennepin County GIS Office & HSPHD

