



HEALTH & INSPECTIONS DEPARTMENT

Environmental Health
400 2nd Street South
St. Cloud MN 56301

Phone (320) 255-7214 Fax (320) 650-3145
www.ci.stcloud.mn.us

**Food Service
License Application**

Government data practices act-Tennessee warning: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

License Information:

Licensee Name: _____

License Address: _____
Street City State Zip

Print Name As: _____ Email: _____

Phone: _____ Cell: _____ Emergency: _____

Applicant Information:

Name: _____

Physical Address: _____
Street City State Zip

Mailing address: _____
Street City State Zip

Phone: _____ Email: _____

MN Tax ID # or Social Security #: _____

Reason for application: New Establishment Ownership Change / Date of Change: _____

Please indicate where you would like your correspondence mailed: Licensee Applicant

Emergency Contact: _____ Phone: _____

Cell Phone : _____ Email: _____

OFFICE USE ONLY			
Date: _____	Receipt: _____	Amount Received: _____	Received by: _____
License approved by: _____	Risk: _____	Licensed issued: _____	TRAKIT Code: _____

Fees based on number of full-time equivalent employees (FTE):

1 – 4	\$191
5 – 18	\$315
19 – 28	\$459
29 – 35	\$630
36 and over	\$734

Primary food license type: Choose one & provide number of (FTE) if applicable.

- Food Service Establishment (i.e. restaurant)
(#FTE) _____ (Fee) _____
- B Beverage Service Establishment (i.e. bar)
(#FTE) _____ (Fee) _____
- C Commissary
(#FTE) _____ (Fee) _____
- Catering (i.e. transporting and serving)
(#FTE) _____ (Fee) _____

Secondary food category license types: Check all that apply and provide required information.

- Food Service (i.e. second kitchen)
(#) _____ x \$160 _____
- Permanent Beverage Service/Bar (plumbed)
(#) _____ x \$160 _____
- Portable Beverage Service/Bar (not plumbed)
(#) _____ x \$60 _____
- Catering
\$160 _____
- Food Distributor
\$138 _____
- Food Manufacturer
\$138 _____

Vending Machines: if owned and operated by the applicant check all that apply

- Vending machines (Non-perishable items, i.e. candy, chips)
(#) _____ x \$20 _____
- Vending machines (Prepackaged perishable, i.e. milk, sandwiches)
(#) _____ x \$20 _____

TOTAL DUE _____

If licensing less than 3 months: 50% of annual fee
 If licensing for 3 to 6 months: 75% of annual fee

Enclose

- A license fee made payable to the City of St. Cloud. Credit card payments are accepted at the City Hall cashier's window or via phone with a signed application. Contact staff at 320-255-7214 for assistance.
- A signed Certificate of Compliance of Minnesota Workers Compensation Law

I understand that it is my responsibility to submit all required fees and obtain all necessary approvals prior to operating.

Signature: _____ **Date:** _____

Printed name: _____

Relationship of applicant to facility: (check one) Owner Other _____

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.