

Special Event Food Stand License Application page 2 of 3

Person in Charge:

This person will also be contacted in case of emergencies involving foodborne illnesses, or other safety issues:

Name: _____

Phone : _____ Email: _____

Menu information:

List all food and beverage items on menu and how each menu item will be prepared and stored prior to and during event. (For example: Brats cooked on gas grill, held in roaster until served.)

Menu item:	Describe storage and preparation:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

When and how will food be prepared if not done onsite: Provide a copy of agreement with a licensed facility and state the proposal if not done onsite. Food preparation at home or in an unlicensed kitchen is not permitted.

State method of transporting food to the event:

Vehicle: _____

Food transport containers: _____

Refrigeration: _____

Single serve equipment list: _____

Do you have a generator ____YES ____NO

If you plan to use time as a public health control attach the written procedures to this application.

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List equipment to be used to cook and maintain food above 140 F and to keep foods below 41 F (i.e. electric skillet, roasters, grill, coolers).

Cooking Equipment: _____

Cold Food Storage: _____

Hot Food Storage: _____

Other: _____

NOTE: Due to the nature of special event food stands, the St. Cloud Health Department may restrict the type of food served or method of preparation based on equipment limitations, stand construction or weather conditions. All food shall be of good quality and must come from an approved commercial source.

1) Describe how the dishwashing requirement will be achieved. What equipment will be available?

2) Describe how the handwashing requirement will be achieved. What equipment will be available?

3) Check what type of sanitizer will be used for sanitizing food contact surfaces? Bleach Quaternary Ammonia Iodine

4) Check what type of test kit will be used to measure sanitizer concentration Bleach Quaternary Ammonia Iodine

5) Check what equipment you will use to sanitize food contact surfaces. spray bottle bucket cloths single use paper towels

Must Enclose

Drawing of stand layout and label location of all equipment.

A license fee of \$62.00 made payable to the City of St. Cloud. Credit card payments are also accepted at City Hall or by phone 320-255-7214. If this license is for a place of worship, member group of the St. Cloud Neighborhood Coalition or government subdivision, the license fee is waived.

A completed application including a signed "Certificate of Compliance" of the 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 to stand: 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.