

## Seasonal Food Stand Plan Review Application

Unit or Stand Name: \_\_\_\_\_

Website: \_\_\_\_\_

Business Name/ Owner: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Check one:**

- Seasonal Temporary Food Stand** – a food and beverage service stand which is disassembled and moved from location to location, but operates no more than 21 days annually at any one location.
- Seasonal Permanent Food Stand** – a food and beverage service which is a permanent stand or building, but operates no more than 21 days annually.

**Ensure to include:**

- A brief description of the proposed project.
- Intended menu including a description of how, when, where food will be received, stored, prepared, & served.
- Easily readable layout to scale indicating the location of all equipment (e.g., cooking equipment, hood, refrigerators, food prep counters, handwashing sink(s), three-compartment sink, and food prep sink).
- Intended materials for floors, base coving, walls and ceilings.
- Manufacturer's equipment specifications sheets for all equipment, including sinks.
- Size of water heater, and fresh water and wastewater holding tanks.
- Intended materials for counters and cabinetry.
- Commissary agreement, if required.
- List of intended, scheduled events or areas of operation if known.

**Construction Guidance:**

- Minnesota Department of Health Mobile Food Unit Construction Guide  
<http://www.health.state.mn.us/divs/eh/food/license/mfuseaconguide.pdf>

OFFICE USE ONLY			
Date: _____	Receipt: _____	Amount Received: _____	Received by: _____
Review Started: _____	Review Completed: _____	Review Sent by: postal mail	email
Approved by: _____	Risk: L M H	TRAKit Code: _____	

**Seasonal Temporary Food Stand:**

List all event dates, times & locations where this licensee intends to operate in St. Cloud. Operations cannot occur more than 21 days in any one location.

<u>Location Schedule</u>	<u>Date(s)</u>	<u>Time of Set Up</u>	<u>Time of Operation</u>
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Attach additional sheet if needed

**Seasonal Temporary Food Stand:**

Menu Information

List ALL food and beverage items (attach sample menu). Describe how items are stored, prepared and served. Attach additional pages if necessary. All food must be prepared on site unless operating from a licensed establishment. No home preparation is allowed.

Food source: \_\_\_\_\_

Anticipated volume of food to be sold: \_\_\_\_\_

<u>Menu item:</u>	<u>How item will be stored, prepared &amp; served:</u>
1) _____ / _____	_____ / _____
2) _____ / _____	_____ / _____
3) _____ / _____	_____ / _____
4) _____ / _____	_____ / _____
5) _____ / _____	_____ / _____
6) _____ / _____	_____ / _____
7) _____ / _____	_____ / _____
8) _____ / _____	_____ / _____
9) _____ / _____	_____ / _____
10) _____ / _____	_____ / _____

Attach additional sheet if needed

**Seasonal Temporary Food Stand:**

Describe methods of transporting and storing food.

Vehicles: \_\_\_\_\_

Transport containers: \_\_\_\_\_

Refrigeration: \_\_\_\_\_

Type of Fire Extinguisher (required if frying foods ): \_\_\_\_\_

**Seasonal Permanent Food Stand:**

Physical Address of Stand: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have plans been submitted to the Building Department?  YES  NO

If, not please call 320-255-7239 for additional information.

**Seasonal Permanent Food Stand:**

Operation schedule

List dates & times of operation. Operation cannot occur more than 21 days annually unless approved by the licensing authority.

<u>Date Open</u>	<u>Date Closed</u>	<u>Times of Operation</u>
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____

Attach additional sheet if needed

**Seasonal Permanent Food Stand:**

Menu Information

List ALL food and beverage items (may attach sample menu). Describe how items are stored and served. Attach additional pages as necessary. All food must be prepared on site unless operating from a licensed establishment. No home preparation is allowed.

Food source: \_\_\_\_\_

Anticipated volume of food to be sold: \_\_\_\_\_

<u>Menu item:</u>	<u>How item will be stored, prepared &amp; served:</u>
1) _____ / _____	_____
2) _____ / _____	_____
3) _____ / _____	_____
4) _____ / _____	_____
5) _____ / _____	_____
6) _____ / _____	_____
7) _____ / _____	_____
8) _____ / _____	_____
9) _____ / _____	_____
10) _____ / _____	_____

Attach additional sheet if needed

**Has this stand been Licensed this year?**

Is the stand currently licensed by the Minnesota Department of Health?  YES  NO

If yes attach a copy of the license for discounted fee.

Is the stand currently licensed by the Minnesota Department of Agriculture?  YES  NO

If yes provide a copy of the license to the Health & Inspections Dept. (No license, No fee)

**Provide sanitizer information:**

1) Check what types of sanitizer will be used for sanitizing food contact surfaces?

Bleach  Quaternary ammonia  Iodine

2) Check all equipment that will be used for the process of sanitizing food contact surfaces.

spray bottles  buckets  cloths  single use paper towels

3) Check what types of test kits will be used to measure sanitizer concentrations.

Bleach  Quaternary ammonia  Iodine

**Provide handwashing information:**

4) Check what types of equipment will be available as handwashing stations.

Water cooler with self-locking spigot  Portable commercial handwashing station

5) Check all equipment that will be available in the handwashing area.

Soap  Fingernail brush  Paper towels  Bucket for catching waste water

6) Check location where the waste water will be disposed. Liquid waste/grey water must be disposed of in an approved manner.

Location provided by the event coordinator  Sanitary sewer  Home septic

**Drawings of the stand:**

If the stand requires installation of permanent utilities such as plumbing, electrical, or gas connections. Then architectural drawings of the food stand are required. All stands must provide manufacturer specification sheets for all equipment including the water heater.

**Waste pickup/dumping plan:**

Provide waste management provider and the scheduled services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Seasonal Food Stand Plan Review Fees**

Establishment Type: Check all that apply

Temporary     Permanent

Menu Type: Check one

- |                          |  |             |
|--------------------------|--|-------------|
| <input type="checkbox"/> | <b>Full food service:</b><br>cooking, and extensive hot and cold holding   | \$200 _____ |
| <input type="checkbox"/> | <b>Limited food service:</b><br>prepackaged, nonperishable or packaged confections<br>minimal food preparation and reheating | \$100 _____ |
| <input type="checkbox"/> | <b>Selling whole produce</b> (not from your farm)  | \$100 _____ |

**TOTAL DUE:** \_\_\_\_\_

**Plan Review Process:**

1. Submit your plan review application, all required information and appropriate fee.
  2. Staff reviews plans in the order they are received. In order to provide timely and accurate review of your application, all require information must be received before staff can process your plan review.
  3. Staff might call or email you when review starts, and to request any needed additional information.
  4. When review is complete, you will receive a letter reporting the findings of the review (approval or denial). Plan approval letters will include a license application.
  5. Begin construction after approval to avoid costly corrections and delayed openings.
  6. Submit the license application and appropriate fee.
  7. Contact City of St. Cloud Health & Inspections Department to request a preoperational inspection.
  8. Once license is issued it must be posted during operation. The license will be valid for one calendar year (January 1 through December 31) and must be renewed annually.
- Plan may take up to 30 days to review. Incomplete plans may take longer.

The signature indicates that I understand that failure to submit the required information and fees will delay or stop the plan review process. I understand that it is my responsibility to submit all required fees and obtain all necessary approvals prior to operating. I understand that construction or demolition may not occur without the appropriate permits by the City of St. Cloud Building Safety Department.

<b>Signature</b> _____	<b>Printed name</b> _____	<b>Date</b> _____
<b>Relationship to Applicant:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____		