



Horizon Environmental Health

Serving Douglas & Pope Counties

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Alexandria, MN 56308

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2020 License Application - Page One of Four – COMPLETE ALL SECTIONS – PLEASE PRINT CLEARLY

▶ ESTABLISHMENT INFORMATION			
Establishment Name:		Manager/Contact Name:	
Establishment Phone:		Email:	
Physical Address:		City	State
Street			Zip
Mailing Address:		City	State
Street/PO Box			Zip
▶ BUSINESS OWNER/APPLICANT INFORMATION			
Owner/Applicant Name:			
If Corporation/Partnership, list Primary Officer Name:			
DBA (Doing Business As) Name (if applicable):			
Owner Mailing Address:		City	State
Street/PO Box			Zip
Owner/Applicant Phone:		Email:	
▶ LICENSE APPLICATION TYPE (check one of the following):			
<input type="checkbox"/> New Establishment	License #:	Opening Date:	
<input type="checkbox"/> Ownership Change	License #:	Opening Date:	
<i>-If ownership change, list previous owner & license # (if known):</i>			
<input type="checkbox"/> Other: _____	License #:	Opening Date:	
▶ IS THIS ESTABLISHMENT OPEN YEAR-ROUND? <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, list dates of operation:			
▶ LICENSE RENEWAL METHOD – Choose how you want to receive next year’s license renewal materials (check one):			
<input type="checkbox"/> Email–list email address–PLEASE PRINT CLEARLY:			
<input type="checkbox"/> US Mail–if US mail, choose which address to use (check one) <input type="checkbox"/> Establishment <input type="checkbox"/> Applicant/Owner			
▶ WHERE SHOULD WE MAIL YOUR LICENSE? <input type="checkbox"/> Establishment <input type="checkbox"/> Applicant/Owner <input type="checkbox"/> Both			
▶ ESTABLISHMENT EMERGENCY CONTACT INFORMATION – Enter all applicable information for the emergency contact, then check the best contact method for an emergency (ie, natural disaster, fire, etc.)			
Emergency Contact Person Name:			
<input type="checkbox"/> Telephone - __Home:		or __Work :	
<input type="checkbox"/> Cell Phone:			
<input type="checkbox"/> Email:			

Operating licenses for all establishments shall be issued on the basis of a calendar year beginning January 1 and ending December 31. Licenses are non-transferable. **ANNUAL LICENSE RENEWAL APPLICATIONS AND FEES MUST BE RECEIVED AND/OR POSTMARKED BY DECEMBER 1 OF EACH YEAR OR LATE FEES WILL BE ASSESSED.** Per our Annual Establishment Licensing Policy all outstanding fees, including re-inspection fees, must be paid in full in order for your license to be renewed for the coming year.

▶ By my signature below I understand that this establishment must comply with all Minnesota Statutes, Rules, and other regulations that apply to this establishment and any licenses issued from this application. I certify that the information provided on this application is accurate and complete.

▶ Signature: _____ Date: _____

Horizon Environmental Health – 2020 Application for License – Page Two

**REQUIRED INFORMATION
FOR THE MINNESOTA DEPARTMENT OF REVENUE**

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 (Corporation or Individual) – LEGAL NAME ASSOCIATED WITH YOUR TAX ID NUMBERS AS IT APPEARS ON YOUR TAX RETURN DOCUMENTS:
Business Owner’s Address
Minnesota Tax Identification Number or Business Owner’s Social Security Number: → MN Tax ID Number: _____ → IF NO MN TAX ID NUMBER, OWNER’S SOCIAL SECURITY NUMBER: _____ - _____ - _____
→ Federal Employer Identification Number (FEIN): _____ - _____

WORKER’S COMPENSATION INSURANCE COVERAGE LAW

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.)		

I declare that the above information 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:** _____

TITLE: _____

Base Fee – ALL ESTABLISHMENTS	\$ 250.00
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PLUS - ALL CATEGORIES BELOW THAT APPLY:

(check all that apply and enter all applicable amounts in right column)

☐ FOOD/BEVERAGE SERVICE

▶ **Certified Food Protection Manager:** _____ **Cert #:** FM _____ **Cert.Expiration Date:** _____

<input type="checkbox"/> Limited Food Menu - \$90.00 - prepackaged food that receives heat treatment and is served in the package, continental breakfast, soft drinks, coffee, nonalcoholic beverages, dish washing.	\$
<input type="checkbox"/> Small Food Establishment - \$150.00 - food service with no salad bar, equipment not exceeding one deep fat fryer, one grill, two hot holding containers, microwaves, or service of dipped ice cream/soft serve frozen desserts, or breakfast service in a bed and breakfast, or boarding establishments, does not provide catering, and has a total seating capacity of 50 or less.	\$
<input type="checkbox"/> Medium Food Establishment - \$410.00 - food service with seating over 50 and using a range, oven, steam table, salad bar, or salad preparation area, more than one deep fat fryer or grill, more than two hot holding containers.	\$
<input type="checkbox"/> Large Food Establishment-\$700.00 – food service that meets the medium establishment definition & seats more than 175 people, serves a full menu selection an average of five or more days per week.	\$
<input type="checkbox"/> Additional Food Service - \$170.00 - a food & beverage service establishment that is in addition to the primary food preparation and service area where food is prepared or served to the public.	\$
<input type="checkbox"/> Catering in Addition to Medium or Large Food Service - \$90.00 – medium or large food establishment that provides catering	\$
<input type="checkbox"/> Catering Only - \$230.00 – food service that prepares food in an inspected and licensed kitchen and serves it for events. Food may be either served on site, or transported to another location for serving.	\$
<input type="checkbox"/> Outdoor Grilling - \$57.00 – small, medium, or large food establishments who wish to cook pre-approved foods on-site on a regular basis using an outdoor grill and who comply with the Horizon Public Health regulations for outdoor grilling	\$
<input type="checkbox"/> Mobile Food Unit - \$90.00 – a food & beverage service establishment that is a vehicle mounted unit, either motorized or trailered, and readily movable, without disassembling, for transport to another location.	\$
<input type="checkbox"/> Food Cart - \$90.00 – a food & beverage service establishment that is a non-motorized vehicle self-propelled by the operator.	\$
<input type="checkbox"/> Seasonal Permanent Food Stand - \$90.00 – a food & beverage establishment which is a permanent food stand or building, but which operates no more than 21 days annually.	\$
<input type="checkbox"/> Seasonal Temporary Food Stand - \$90.00 – a food & beverage service establishment that is a food stand which is disassembled & moved from location to location, but which operates no more than 21 days annually at any one location.	\$
<input type="checkbox"/> Alcohol Service - \$215.00 - alcoholic mixed drinks are served, or beer or wine is served.	\$
FOOD/BEVERAGE TOTAL:	\$

☐ LODGING

Number of guest rooms, cottages, or other rental units of a hotel, motel, lodging establishment or resort, or the number of beds in a dormitory _____ x \$12.50* *Maximum fee of \$1,250.00	Enter lodging total here: \$
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☐ PUBLIC SWIMMING POOL/SPA

▶ **Certified Trained Operator:**
Name: _____ **Reg. Number:** _____ **Certificate Expiration Date:** _____

<input type="checkbox"/> Public Swimming Pool - \$275.00 x _____ (number of swimming pools) - any swimming pool other than a private residential swimming pool.	\$
<input type="checkbox"/> Spa Pool - \$170.00 x _____ (number of spa pools) - a public hot water pool intended for seated recreational use.	\$
PUBLIC SWIMMING POOL/SPA TOTAL	\$

CONTINUED ON BACK OF PAGE – TURN OVER TO COMPLETE THE FEE CALCULATOR

INDIVIDUAL (NOT MUNICIPAL) WATER/SEWER

<input type="checkbox"/> Private Water Supply (well) and/or <input type="checkbox"/> Private Sewer (septic system) - \$90.00 (one fee for one or both)– a private water supply other than a community public water supply; a private sewage treatment system	\$
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MANUFACTURED HOME PARK—any site, lot, field, or tract of land upon which two or more occupied manufactured homes are located, either free of charge or for compensation, and includes any building, structure, tent, vehicle, or enclosure used or intended for use as part of the equipment of the manufactured home park. (Choose Category A or Category B, not both)

<input type="checkbox"/> Category A - \$6.75 x _____ (number of sites) – any manufactured home park that meets one of the following conditions: a. Has a public swimming pool; b. draws its drinking water from a surface water supply; or c. has 50 or more sites	\$
<input type="checkbox"/> Category B - \$5.00 x _____ (number of sites) – any recreational camping area that is not a Category A.	\$
MANUFACTURED HOME PARK TOTAL	\$

RECREATIONAL CAMPING AREA—any area, whether privately or publicly owned, used on a daily, nightly, weekly, or longer basis for the accommodation of five or more tents or recreational camping vehicles free of charge or for compensation. (Choose Category A or Category B, not both)

<input type="checkbox"/> Category A - \$6.75 x _____ (number of sites) – any recreational camping area that meets one of the following conditions: a. Has a public swimming pool; b. draws its drinking water from a surface water supply; or c. has 50 or more sites	\$
<input type="checkbox"/> Category B - \$5.00 x _____ (number of sites) —any recreational camping area that is not a Category A	\$
RECREATIONAL CAMPING AREA TOTAL	\$

YOUTH CAMP - a parcel or parcels of land with permanent buildings, tents or other structures together with appurtenances thereon, established or maintained as living quarters where both food and beverage service and lodging or the facilities therefore are provided for ten or more people, operated continuously for a period of five days or more each year for education, recreational or vacation purposes, and the use of this camp is offered to minors free of charge or for payment of a fee.

<input type="checkbox"/> Youth Camp – no fee for youth camp	No fee
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CERTIFIED MAIL FEE (a certified mail fee is charged to establishments whose applications were received late the prior year per our Annual Establishment Licensing Policy)

<input type="checkbox"/> Certified Mail Fee - \$6.30	\$
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LATE FEES *Late fees not paid by end of County business day on December 31 shall be subject to interest accumulation at 1.5% per month*

<input type="checkbox"/> Late fee – 1 to 30 days late - \$100.00	\$
<input type="checkbox"/> Late fee – over 30 days late - \$300.00	\$

TOTAL AMOUNT DUE	\$
Add all completed selections from page three and four – don't forget the base fee!	

MAKE CHECKS PAYABLE TO: HORIZON PUBLIC HEALTH
Reminder – Annual License Renewals are due by December 1

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

- ▶ For new operators applying for license on or after October 1, the license fee is ½ the usual annual fee, plus any penalty required.
- ▶ REMINDER – Any major remodeling/new construction/addition/alteration of existing structure requires a Plan Review by this department. Please contact us AT LEAST ONE MONTH PRIOR to starting construction.
- ▶ All food equipment must be NSF approved – contact this office if you are going to be replacing equipment.
- ▶ Licenses are non-transferable! If you are selling/buying an establishment, a new license must be applied for by the new owners.

FOR OFFICE USE ONLY (to be completed by Environmental Health staff):	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Paid: _____ Check #: _____ Amount: _____ Received by: _____	Insp. Initials _____
	Risk Level: H M L