

APPLICATION FOR INITIAL COMMUNITY ENVIRONMENTAL HEALTH LICENSE



Environmental Health Division
2785 White Bear Ave N, Suite 350
Maplewood, MN 55109-1320
Phone: 651.266.1199 | Fax: 651.266.1177

Print or type all information. Keep a copy of the completed form for your records and send the completed original to Ramsey County Environmental Health Division at the address listed above.

Be sure to complete all three pages of this application.

TYPE OF LICENSE APPLICATION:

<p>Food Service: (circle type below)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Bar</td> <td style="width: 25%;">Bed & Breakfast</td> <td style="width: 25%;">Cafeteria</td> <td style="width: 25%;">Catering</td> </tr> <tr> <td>Commissary</td> <td>Continental Breakfast</td> <td>Concession Stand</td> <td>Day Care</td> </tr> <tr> <td>Deli</td> <td>Restaurant, Fast Food</td> <td>Restaurant, Full Menu</td> <td>Restaurant & Bar</td> </tr> <tr> <td>Seasonal</td> <td>School</td> <td>Snack Bar</td> <td>Vehicle</td> </tr> <tr> <td colspan="4">Other: _____</td> </tr> </table>	Bar	Bed & Breakfast	Cafeteria	Catering	Commissary	Continental Breakfast	Concession Stand	Day Care	Deli	Restaurant, Fast Food	Restaurant, Full Menu	Restaurant & Bar	Seasonal	School	Snack Bar	Vehicle	Other: _____				<p>Swimming Pool: Indoor - Outdoor (circle one) Swimming-Spa-Wading (circle one)</p> <p>Manufactured Home Park or Recreational Camping Area: No. Of Sites _____</p> <p>Youth Camp</p> <p>Lodging Facility: No. of Rms.: _____</p>
Bar	Bed & Breakfast	Cafeteria	Catering																		
Commissary	Continental Breakfast	Concession Stand	Day Care																		
Deli	Restaurant, Fast Food	Restaurant, Full Menu	Restaurant & Bar																		
Seasonal	School	Snack Bar	Vehicle																		
Other: _____																					
<p>Retail Food Service: (circle type below)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Bakery</td> <td style="width: 20%;">Convenience Store</td> <td style="width: 25%;">Supermarket/Grocery Store</td> <td style="width: 20%;">Meat Market</td> <td style="width: 20%;">Packaged Food</td> </tr> </table> <p>Vending Commissary (also attach separate form for machine registration) Other: _____</p> <p>Estimated Annual Gross Sales \$ _____</p>		Bakery	Convenience Store	Supermarket/Grocery Store	Meat Market	Packaged Food															
Bakery	Convenience Store	Supermarket/Grocery Store	Meat Market	Packaged Food																	
<p>Name of Certified Food Manager: _____ Copy of MDH certificate must be attached.</p>																					
<p>Reason For License Application (Check One):</p> <p>_____ New Facility _____ Change of Ownership - facility previously licensed _____ Re-Classification</p>																					
<p>Anticipated Date for Business Opening or Ownership Change:</p>	<p>Fee Code _____ Fee \$ _____</p> <p>Fee Code _____ Fee \$ _____</p>	<p>Fee Code _____ Fee \$ _____</p> <p>Fee Code _____ Fee \$ _____</p>																			

OWNER INFORMATION (LICENSEE): *(Ex: City Food, Inc.; Lancer Food, LLC; Best Inns, Co.)*

Owner Type (circle one): Corporation LLC Sole Proprietorship Partnership Institution Other						
Name of Owner, Corporation or Proprietor						
Mailing Address						
City	State	Zip	Telephone Number ()			
E-Mail Address (Owner)			E-Mail Address (Site)			

APPLICATION CONTINUED ON THE BACK OF THIS FORM

BUSINESS LOCATION INFORMATION (SITE): (Ex: Acme Sandwich; Happy Inn; Best Wok)

Name of Business (as it will appear on license; example – Acme Sandwich)		Store No. (if applicable)	
Site Address of Business	City	Zip	
Telephone Number at Business Location ()			

BILLING INFORMATION: Annual license applications will be sent to the address listed below:

Bill To:			
Attention:			
Mailing Address	City	State	Zip
Telephone Number () Extension			

CERTIFICATION:

I certify under penalty of the law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am aware that all food equipment must meet the applicable standards of NSF International, and that plans and specifications must be submitted for review and approval prior to new construction, remodeling, or alteration. I hereby apply for a Ramsey County License subject to all conditions and provisions of the applicable State of Minnesota Rules and Ramsey County Ordinance(s).

_____ Signature	_____ Date
_____ Name (Please print or type)	_____ Title

FOR OFFICE USE ONLY:

Admin (initials): _____ Date Received: ____ / ____ / ____ Receipt # _____ Amount Paid: \$ _____
Check # _____ Account # _____ Aspen Inv # _____ DHD Inv _____

Work Comp Info Complete Yes No Tax ID Info Complete Yes No Not Required

San (initials): _____ Date: ____ / ____ / ____ License Category: _____ License Fee: \$ _____
Is "Owner Information" correct: Yes No Is "Business Information" correct: Yes No
Is CFM Required: Yes No NA Risk Category: H M L License Delivery: Mail E-mail Hand-Deliver

