

COMMUNITY ENVIRONMENTAL HEALTH LICENSE APPLICATION

SEND THIS COMPLETED APPLICATION TO: RamseyCEH@co.ramsey.mn.us or mail to the address listed above.

A FEE STATEMENT FOR THIS LICENSE WILL BE EMAILED TO THE BILLING CONTACT IDENTIFIED BELOW WITH PAYMENT INSTRUCTIONS AFTER REVIEW BY RAMSEY COUNTY ENVIRONMENTAL HEALTH STAFF.

ESTABLISHMENT SITE INFORMATION

Establishment Name (Doing-Business-As/Assumed Name):			
Establishment Address:	City:	State: MN	Zip Code:
Email Address:		Phone:	
Planned date of opening (or date of official ownership change if an existing establishment):			
Dates of operation: <input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal, list months of operation:			

CORRESPONDENCE

Establishment Site Contact

Site Contact Person Name:	Title:	Phone:	Email:
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Legal Entity/Licensee Contact

Legal Entity Name (write owner's name if Sole Proprietorship):	Type of Legal Entity (such as sole proprietor, LLC, LP, INC, etc.):		
Licensee Care-of Person Name:	Title:	Phone:	Email:
Mailing Address:	City:	State:	Zip Code:

Billing Contact

Legal Entity Name (write "N/A" if Same as Legal Owner Above):	Type of Legal Entity (write "N/A" if Same as Legal Owner Above):		
Billing Care-of Person Name:	Title:	Phone:	Email:
Billing Address:	City:	State:	Zip Code:

Emergency Contact

Emergency Contact Person Name:	Title:	Phone:	Email:
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LICENSE TYPE WORKSHEET

Instructions: Applicant must fill out the applicable area(s) below to be issued the correct license types.

FOOD (CHECK ALL THAT APPLY)	
Open Food or Packaged Food	<input type="checkbox"/> Open <input type="checkbox"/> Packaged <input type="checkbox"/> Both
Cold Food Temperature Control	<input type="checkbox"/> Refrigerated for Safety Food <input type="checkbox"/> Unrefrigerated Food <input type="checkbox"/> Both
Hot Food Temperature Control	<input type="checkbox"/> Cooking raw animal food(s) <input type="checkbox"/> Hot holding cooked food(s) <input type="checkbox"/> Reheating already cooked food(s)
Food Cooled On-site	<input type="checkbox"/> Hot food is cooled <input type="checkbox"/> Room temperature or pre-chilled food is cooled <input type="checkbox"/> Both
Additional Food Service Activities	<input type="checkbox"/> Off-site Catering <input type="checkbox"/> Bar Service <input type="checkbox"/> On-site Cafeteria or Buffet Service
Special Processes to Preserve Food (ex: sushi rice, sauerkraut, kimchi, etc.)	<input type="checkbox"/> Acidifying <input type="checkbox"/> Smoking <input type="checkbox"/> Curing <input type="checkbox"/> Fermenting <input type="checkbox"/> Vacuum Packaging <input type="checkbox"/> Other: _____
Gross Annual Retail Food Sales (Retail Food means packaged or bulk foods intended for eating off-site)	<input type="checkbox"/> Less than \$50,000 <input type="checkbox"/> \$50,000 to \$250,000 <input type="checkbox"/> \$250,000 to \$1,000,000 <input type="checkbox"/> \$1,000,000 to \$5,000,000 <input type="checkbox"/> \$5,000,000 to \$10,000,000 <input type="checkbox"/> More than \$10,000,000
Describe the food establishment type (ex: Fast food, grocery store, bakery, supper club, school cafeteria, daycare)	
<i>Note: You may be contacted by your area inspector to discuss types of food offered for sale or service to ensure correct license.</i>	
LODGING	
Number of Guest Rooms:	
SWIMMING POOLS/SPAS	
Number of Pools and Spas:	<input type="checkbox"/> Indoor Pools # _____ <input type="checkbox"/> Indoor Spas # _____ <input type="checkbox"/> Indoor Slide Pools # _____ <input type="checkbox"/> Indoor Wading Pools # _____ <input type="checkbox"/> Outdoor Pools # _____ <input type="checkbox"/> Outdoor Spas # _____ <input type="checkbox"/> Outdoor Slide Pools # _____ <input type="checkbox"/> Outdoor Wading Pools # _____
MANUFACTURED HOME PARK/RECREATIONAL CAMPING AREAS	
Number of Home/Camping Sites:	

END OF LICENSE APPLICATION

INSPECTOR USE ONLY				
License type fee code(s):	Risk Category: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High			
Other license types at same establishment: <input type="checkbox"/> Food <input type="checkbox"/> Lodging <input type="checkbox"/> Swimming Pool <input type="checkbox"/> MHP/RCA <input type="checkbox"/> Youth Camp				
Fee Adjustments: <input type="checkbox"/> Half Year Fee <input type="checkbox"/> Late Fee <input type="checkbox"/> Food Waste Diversion Discount				
Plan Review: <input type="checkbox"/> Completed <input type="checkbox"/> In-progress <input type="checkbox"/> Not Started <input type="checkbox"/> Not Applicable(Change of Owner Only)				
Reviewing Inspector:	Date:	License Delivery: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> By Area Inspector		
Comments:				
ADMIN USE ONLY				
Date Received:	Invoice Amount:	DHD License #:	Fee Statement #:	Entered By: