

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:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Indoor Pools # _____ <input type="checkbox"/> Indoor Slide Pools # _____ </div> <div> <input type="checkbox"/> Indoor Spas # _____ <input type="checkbox"/> Indoor Wading Pools # _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Outdoor Pools # _____ <input type="checkbox"/> Outdoor Slide Pools # _____ </div> <div> <input type="checkbox"/> Outdoor Spas # _____ <input type="checkbox"/> Outdoor Wading Pools # _____ </div> </div>
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"/> Prorated 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:			State Delegation: <input type="checkbox"/> MDH <input type="checkbox"/> MDA	
ADMIN USE ONLY				
Date Received:	Invoice Amount:	DHD License #:	Fee Statement #:	Entered By:

Minnesota Department of Revenue Information

Minnesota law (MS §270C.72 s 4 Licensing Authority: duties) states “All licensing authorities must require the applicant to provide the applicant’s Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, and Social Security number or individual taxpayer identification number and business identification number, as applicable, of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.”

Enter Minnesota Business ID Number (also called Minnesota Tax ID Number) OR enter tax-exempt number.

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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 (Ramsey County) will supply this information only to the Minnesota Department of Revenue (Commissioner). However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

Federal Employer Identification Number

A federal employer ID number is required for the Ramsey County Finance Department’s records. Alternatively, you can provide the business owner’s social security number. Call 651-266-1199 to provide SSN securely by phone.

Enter federal employer ID number.

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Workers’ 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 s 2. The information required is: name of the insurance company, policy number, and dates of coverage; OR the permit to selfinsure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 176.181 s 2. 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.

Workers’ 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).		

CERTIFICATION

Revision Date 8/29/23

I certify under penalty of the law I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I hereby apply for a Ramsey County License subject to all relevant conditions and provisions of the Ramsey County Administrative Ordinance and the Ramsey County Food Protection, Lodging, Manufactured Home Parks & Recreational Camping Areas, Public Swimming Pool, Youth Camp, Hazardous Waste Management or Solid Waste Ordinance as applicable.

Annual certification of Pool/ Spa drain covers

Each year, as part of the Abigail Taylor Act, all public pool owners must acknowledge their pools meet the two conditions stated below for each pool/spa license by Saint Paul-Ramsey County Public Health. By signing this form, you acknowledge that:

- All outlets or drains have covers stamped by the manufacturer that they meet ASME/ANSI standards.
- All covers/grates/mounting rings have been inspected to ensure that were properly installed and are not broken or loose.

Applicant's Name:	Applicant's Title:
Applicant's Signature:	Date: