



2785 White Bear Ave. North Suite 350 Maplewood, MN 55109 651-266-1199 ramseycounty.us

FOOD WASTE DIVERSION LICENSE FEE DISCOUNT APPLICATION

Many food business owners are unaware of the hefty fees on their garbage. Ramsey County food establishments have a unique opportunity to save 20% on their food establishment license fees in addition to the significant savings from less fees paid on garbage and overall reduced garbage costs.

Participating in a food waste diversion program and providing documentation will reduce your Ramsey County food license fee by 20%.

Mail the completed application to the address above, or email to RamseyCEH@CO.RAMSEY.MN.US

BUSINESS INFORMATION

Food Business Name:	
Address:	
City/Town:	
Zip/Postal Code:	
Contact Name:	
0 =	
Contact Title:	
Email Address:	
Phone Number:	
Ramsey County	
Food License ID	
Number:	

IMPORTANTINFORMATION FOR FOOD LICENSE RENEWALS

This application and required supporting documents listed on Page 4 must be received by Ramsey County no later than **Oct. 15, 2025**.

Once approved, the 20% discount will be shown on your 2026 License Renewal Fee Statement which is sent out in November.

If you have any questions about this application process or need help completing any of the forms, please call 651-266-1199.

Does your business curre	ently have a food waste diversion program in place?
Yes – Complete the appli	ication and provide documentation of your diversion program. See Option A on Page 4.
○ No – Must establish a fo	od waste diversion program and submit documentation. See Option B on Page 4.
Indicate the type(s) of fo	ood waste diversion programs your business uses, or plans to use:
Food Donations to Hun	ger Relief Agencies (Food Shelves, Food Banks, Free Meal Services)
Name of Agency:	
Address:	
City/Town:	
Zip/Postal Code:	
Contact Information	for Hunger Relief Agency
Contact Name:	
Contact Title:	
Contact Phone:	
Contact Email:	
Frequency of donations:	
Food Collected by Perm	itted Livestock Producers (food-to-hogs or other farm animal feeding)
Name of Farmer:	
Address:	
City/Town:	
Zip/Postal Code:	

Contact information	tor Livestock Producer
Contact Name:	
Contact Title:	
Contact Phone:	
Contact Email:	
Frequency of Collections:	
Organics Collection by \	our Contracted Waste Hauler (pick up for composting)
Waste Hauler:	
Address:	
City/Town:	
Zip/Postal Code:	
Contact Information Contact Name:	for Waste Hauler
Contact Title:	
Contact Phone:	
Contact Email:	
Frequency of Collections:	
	g your business' participation in the food waste diversion program ispersed to residents and other businesses?
	notivation for participating in the Waste Diversion Initiative?
Olncrease an OEnvironme	ost savings through decreased trash nd promote public image ental Stewardship unt on License Fee

Option A – Provide at least ONE (1) of the following forms of documentation if you have an EXISTING food waste diversion program: Food Donations to Hunger Relief Agencies (Food Shelves, Food Banks, Free Meal Services) Two (2) months of donation records or letter from hunger relief agency describing recent history of donations, or Food Collected by Permitted Livestock Producers (food-to-hogs or other farm animal feeding) Two (2) months of pick up records (such as an invoice or pick up receipt or letter of verification from livestock producer), or Organics Collection by a Waste Hauler (food scraps to composting) Proof-of-payment for two (2) months of organics collection service (such as a hauler invoice). Option B - Provide at least ONE (1) of the following forms of documentation if you are establishing a NEW food waste diversion program: Food Donations to Hunger Relief Agencies (Food Shelves, Food Banks, Free Meal Services) Provide a written agreement with hunger relief agency with contact information for future verification. The attached template agreement may be used if needed, or Provide evidence of registration with MealConnect donation app, or Food Collected by Permitted Livestock Producers (food-to-hogs or other farm animal feeding) Provide a written agreement with a farmer for food scrap pick ups which includes contact information. The attached template agreement may be used if needed, or Organics Collection by a Waste Hauler (food scraps to composting) Contact BizRecycling via the link below and have a free consultation completed within 90 days. https://bizrecycling.com/why-recycle/food-waste-organics/ By submitting this application, I certify that the information above is correct to the best of my knowledge. If any information provided above is found to be incorrect, I understand that this may result in any discounts applied to my food establishment license fees to become due for immediate payment in full. I acknowledge my duties and responsibilities as a food waste diversion program participant and am aware that food waste diversion program documentation and records may be reviewed by Ramsey County to determine the level of participation in a food waste diversion program by my food establishment. Signature: Printed name:

Date:

NEW FOOD DONATION PROGRAM AGREEMENT

This document establishes an agreement for future food donations between a licensed food business (Donor) and a hunger relief agency, or animal producer (Recipient). For more information on liability protection for food donations, review the Public Health Law Center fact sheet and the Minnesota Good Samaritan law (MS 604A.10)

DONOR INFORMATION
Licensed food business name:
Address:
Name of person in charge:
Email:
Phone number:
Ramsey County food license number:
RECIPIENT INFORMATION
Recipient organization name:
Address:
Name of person in charge:
Email:
Phone number:
Type of recipient:
Hunger Relief Agency (Food Bank/Food Shelf/Free Meal Service)
or Livestock Producer
By submitting this form, the Donor agrees that surplus food from the licensed food business will be donated to the Recipient when possible, rather than disposed of as trash. The Recipient agrees that donated food will be collected and/or received when feasible. Both Donor and Recipient certify they understand and acknowledge responsibilities to ensure food safety as required by the Minnesota Food Code and any other applicable requirements.
Signature of Donor:
Printed name of Donor:
Date:
Signature of Recipient:
Printed name of Recipient:

Date: