



COMMUNITY DEVELOPMENT-LIC
 14600 MINNETONKA BLVD
 MINNETONKA, MN 55345
 (952) 939-8274
 Fax (952) 939-8244

Application for Food License

for _____

(insert year)

Please enter a response on every line. Any incorrect information or an incomplete application is a violation of the City Ordinance and can result in denial of licensing and/or prosecution.

ESTABLISHMENT			
Establishment/trade name			
Establishment address			
City, State, Zip			
Establishment phone number		Email address	
Manager or agent of owner			
LICENSEE INFORMATION			
State Law: this must be a corporation or partnership name, or the individual's name that carries the tax liability.			
Licensee name			
Primary Officer			
Licensee address			
City, State, Zip			
Telephone Number			
Return license and send all notices & billing renewals to (all must be sent to the same address)			
Company Name			
Attention			
Address			
Telephone Number		Email address	
CLASS & FEE INFORMATION			
(use only the same Class name and fee as on the Food Fee Schedule):			
Type of business: Class		\$	
Additional business: Class		\$	
Additional business: Class		\$	
Additional business: Class		\$	
Additional business: Class		\$	
Total		\$	

Note: Proper signature required: if a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, one of the partners; if an individual, the owner.

I, (WE) THE UNDERSIGNED, HAVE COMPLIED WITH ALL REQUIREMENTS OF THE CITY CODE OF THE CITY OF MINNETONKA NECESSARY FOR OBTAINING THIS LICENSE. NOW, THEREFORE, I (WE) HEREBY MAKE APPLICATION TO OPERATE THE ABOVE NAMED ESTABLISHMENT SUBJECT TO ALL CONDITIONS AND PROVISIONS OF THESE ORDINANCES.

Signature _____ Date _____ Print name: _____
 Print title: _____

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd.4, **the licensing authority is required to provide, upon request of the Minnesota Commissioner of Revenue, either the applicant's Minnesota business tax identification number with the business name and address – or the social security number of the primary officer, along with their complete name, home address, and home phone number.**

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, **we are required to advise you of the following regarding the use of this information:**

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

NAME UNDER WHICH THE MN TAX ID IS FILED (<u>licensee</u> name)			Type of license applying for:		
			Food		
Licensee: Address	L City	L State	L Zip	L Phone	
Establishment: Name			Minnetonka License Number (completed by Minnetonka)		
Establishment: Address	E City	E State	E Zip	E Phone	
Minnesota Tax Identification Number		Federal Tax Identification Number			

Signature: _____ **Date:** _____

INSTRUCTIONS FOR BOXES BELOW:

1. **If all boxes above are completed**, including both the Minnesota and Federal Tax numbers, no additional information is required by the MN Department of Revenue below.
2. **However, if all boxes above are not completed**, Minnesota law requires personal information about the primary owner or primary officer. In this case you must complete all boxes below, including the owner or primary officer's social security number, home address, and home phone. (NOTE: If the business and home address are the same, please check the box indicating this.)

Applicant's (person's) name (LAST, first, middle initial)		Social Security Number	
Home address	Home City, State, Zip code		Home Phone number
<input type="checkbox"/> Check if address is for both home & business			

Signature: _____ **Date:** _____

Certificate of Compliance Minnesota Workers' Compensation Law

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
	Completed by Minnetonka

DBA (doing business as name – local establishment name – only if different than above)

DBA/LOCAL BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.
You must complete number 1, 2 or 3 below.**

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF YOU ARE SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF YOU ARE EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____.

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

ITEMS REQUIRED FOR NEW AND REMODELED FOOD ESTABLISHMENTS

ENVIRONMENTAL HEALTH DIVISION
CITY OF MINNETONKA
14600 MINNETONKA BLVD.
MINNETONKA, MN 55345
Phone: (952) 939-8272 Fax: (952) 939-8244

These are the general requirements to be followed when constructing or remodeling a food establishment. ***Allow at least 10 working days from the time the plans and supportive documentation are submitted for the plan review process. Structural work should not be initiated before the plans are approved and permits are obtained.*** For more specific information, contact the local health authority.

PLAN REVIEW

1. Submit a plan to-scale indicating facility layout, location of equipment, surfaces (work tables, counters, floors, walls, ceiling, etc.), lighting and other physical facilities.
2. Submit a copy of the menu. State future menu intentions, if any.
3. Submit the completed plan review application form with the appropriate plan review fee. Provide name of person responsible for coordination of construction.

Construction may not begin until all plans are approved (health, building, planning, etc.). Any changes must be approved by the health authority or the plans may be invalidated. Ensure the contractors receive the approved plans and any changes.

If any problems or questions arise during construction, call the health authority to discuss possible remedies.

HAZARD ANALYSIS CRITICAL CONTROL POINT (HACCP)

Based on Minnesota Rule 4626, as adopted by the City of Minnetonka Ordinances No. 815.045, a HACCP plan is required if the following operations are performed:

- When a variance has been issued to the required cooking temperatures of raw animal foods (sushi, steak tartar, etc.)
- Curing or using additives to preserve food
- Operating molluscan shellfish tanks
- Removing the tags from shellstock
- Reduced oxygen packaging (Sous vide, Cook chill, vacuum packaging, etc.)

The HACCP application is available on our website:

[HACCP Plan Review Application](#)

STRUCTURAL SURFACES

1. Smooth, non-absorbent, durable materials for floors, walls, and ceilings in areas where food/drink is prepared or stored, where utensils/equipment are washed or stored, in walk-in freezers and refrigerators, in toilet rooms, janitors areas, in opened food storage, food service areas, where garbage or refuse is stored, or similar areas.

Approved Floor Materials: Quarry tile, ceramic tile or terrazzo or similar. A coved base of similar material must be provided at the floor/wall junction, not placed on top of the floor. In dry storage areas, where absolutely no food/beverage is opened (original packaging), a commercial vinyl composition tile with a rubber coved-base or similar material may be used.

Approved Wall Finishes: Ceramic tile, fiberglass reinforced panels, or stainless steel. Doors must be approved laminate or metal doors. No painted walls or fiber or peg board materials are permitted. Washable paint walls may be acceptable in dry storage areas where products are in original packaging and not opened.

Approved Ceiling Surfaces: Light colored, non-fissured, washable surface required. Acceptable surfaces include solid vinyl lay-in tile or washable painted gypsum ceiling.

EQUIPMENT

1. State name of food equipment suppliers.
2. State name of contractor and installers. Provide name of contact person who will be responsible for corrections and compliance with requirements.
3. All equipment must meet applicable NSF standards and have an appropriate agency listing stamp on each unit. Equipment consisting of separate pieces must have a stamp on each section. Submit a list of equipment indicating make and model numbers and provide specification sheets.
4. Custom fabrication must be completed by NSF approved fabricators.
5. Lay-out of facilities must minimize traffic and chances of cross-contamination. No improper flow patterns.
 - a) Provide at least 18 inches clearance between sinks and adjacent equipment, or stainless steel splash guards at least 8 inches on the sinks if approved.
 - b) Separation of activities (Example - soiled areas, clean areas).
6. Manufacturer installation requirements followed as designated.
7. All counter equipment must be installed so it is easily cleanable, easily movable, sealed in place, or sufficient space surrounding the unit in place. Legs or mounting devices required where available.
8. All equipment must be installed on sanitary legs with at least 6" clearance to floor, or castors with quick disconnects. **No enclosed bases** – solid masonry bases are permitted with approved coving. This includes dish machines, millwork, bakery cases, refrigerated display cases, hot water heaters, etc.
9. Where millwork is allowed, a high pressure plastic laminate meeting NSF Standard #35 is required on all surfaces- undersides, insides, etc. Any penetrations in the millwork must be sealed with a grommet or other approved device.

10. Surfaces for food processing, preparation, subject to heat or high moisture, or similar abuses must meet NSF Standard #2 for food equipment. Stainless steel and polyacrylic filled sheets (Corian, Gibraltar, etc.) are approved for these uses. Plastic laminate is not acceptable in these applications.
11. Adequate utensil storage facilities provided. Open storage or hanging of pots, pans, utensils, etc. is not allowed. Doors should be provided if open storage is within 18 inches of the floor.
12. If scoop-type ice cream (frozen products) or similarly dispensed foods are served, a running water dipper well is required to store dispensing utensils. Buckets are not allowed for storage of dispensing utensils.

REFRIGERATION

1. Adequate refrigeration - size and location applicable to food-handling. Do not undersize walk-in coolers and freezers. Foods may not be stored on the floor. Shelving for refrigerated storage must be NSF approved and designed for high moisture areas.
2. State location, installation and size of refrigeration compressors.
3. All refrigeration units must hold food at 40° F. or less. Freezers must hold foods at 0° F. or less. Thermometers must be provided for all refrigeration/freezer units.
4. All salad bars, food bars, pizza prep coolers and/or similar top service coolers constructed with wrap around cooling coils in all side walls of service area. Forced-air type construction not approved for potentially hazardous food storage.
5. Refrigeration must be approved for the intended use. Ex. Some units listed for prepackaged or bottled products only.

HAND WASHING

1. An adequate number and conveniently located HAND WASHING facilities must be located in serving, cooking, food preparation, utensil cleansing, and toilet rooms.
2. HAND WASHING facilities must include mounted dispensable soap, single-service paper towels or other approved drying device, and fingernail brushes. Continually maintained with hot and cold running water tempered by means of a mixing valve or combination faucet. Hot water must be maintained between 110 - 130° F.

FOOD PREPARATION

1. A food preparation sink with drain board provided for rinsing food or obtaining water used as an ingredient. (Three-compartment sinks and hand sinks may **not** be used for food preparation).
2. Produce and/or preparation area provided, separate and adequately sized. Approved surfaces such as stainless steel required.

EQUIPMENT/UTENSIL WASHING

1. A 3-compartment sink with integral drain boards provided for washing equipment too large for dishmachine or in limited food operations if **any** utensils/equipment are used. Cutting boards must be no greater than 3 feet in length and able to be washed in the dishmachine or at least ½ submersible in the 3-compartment sink.
2. Low temperature dishmachines provided with a visual or audible warning device to warn the operator when the sanitizing agent is depleted.

3. All dishmachines provided with mechanical hood ventilation. Under counter dishmachines may be exempted with prior approval.
4. Under counter dishmachines installed with 6-inch legs or casters to enable cleaning.
5. Adequate soiled and clean dish receiving areas. Cross-contamination sources eliminated. Minimum of 3 dish racks soiled drain board space. Minimum of 5 dish racks clean drain board space when chemical sanitizing, and 3 dish racks clean drain board space when heat sanitizing.
1. All automatic detergent, sanitizer, or other chemical faucet dispensers protected from backflow/siphonage. The protection may be an internal backflow/siphonage device as in the DEMA Model 153 or 154 dispensers or an external device on the faucet between the dispenser and faucet as with DEMA Model 151, 152 or 167 dispensers. Chemical stations must have appropriate backflow devices.
2. Chemical test kit or thermometer provided to determine the strength of the sanitizing agent or temperature of hot water in the final rinse water of the 3-compartment sink or dishmachine.

VENTILATION

1. Ventilation system in kitchen areas - provide size, design, make-up air, exhaust air, and calculations. Canopy and hood construction must meet the applicable standards of the National Sanitation Foundation (NSF); effectively remove heat, smoke, grease, fumes, etc.; and use NFPA's stainless steel baffle-type filters.
2. Fans, including ceiling fans, not allowed in certain areas due to cleaning issues, part and pieces on fans, and interference with the establishment ventilation systems.

STORAGE FACILITIES

1. Sufficient storage facilities provided.
2. Locations of storage rooms and their floors, walls and ceiling finishes indicated and approved.
3. NSF type of shelving provided to store foods at least 6" off the floor. Plastic laminate shelving is not approved in open food areas or high moisture areas.
4. Possible overhead contamination eliminated. Minimize waste lines in cupboards or storage areas (false backs, below cabinet, and similar) to enable food and supply storage.

LIGHTING

1. Light fixtures in food and equipment areas shielded, including neon lights. Lighting above or in food displays, or warming lights must be covered and explosion proof. Recessed lights must be shatter-resistant, shielded, or have tempered faced bulbs.
2. Sufficient lighting in walk-in refrigeration to eliminate shadows or dark areas. A single, over-the-door light may not be adequate.
3. Sufficient light levels in work and storage areas.

WATER, PLUMBING, ELECTRICAL

1. Equipment which have drains must be properly plumbed to the sanitary sewer. This includes walk-in refrigeration.
2. Hot water generating system and booster heater must be NSF approved and properly sized.

3. Plumbing, electrical, and other utility installations must be installed in walls, ceiling, or floors as appropriate. Where exposed utility lines are approved, they must be installed on brackets 2" off walls and 6" above floors. Penetrations must be sealed.
4. Floor drains are required in locations where liquid waste producing equipment exist or water flush washing occurs. Floors must be properly sloped to ensure proper drainage. Floor drains must have covers which are flush or moderately recessed.
5. The water supply line to the post-mix carbonated beverage system protected from backflow/siphonage. The three approved stainless steel backflow preventers for use on the inlet to carbonators are:

Watts Regulator	-	Model No. 9BD
Carmun Industries	-	Model No. 77-6050-00
Chudnow	-	Model No. 5470 D-VV

Preferred location is between the pump and the carbonator. However, in units which have the pump and carbonator within an enclosure, the backflow preventer should be located in an accessible and visible location outside the enclosure. No copper tubing after the backflow preventer.

MAINTENANCE

1. Janitorial sink provided in readily accessible area. Janitors sink equipped with vacuum breaker/anti-siphonage device. Maintenance and supply racks provided.
2. Separate storage for detergents, degreasers, and all other types of chemical/toxic products. This area must be segregated away from food preparation, and food equipment storage areas.
3. Linen stored on NSF approved shelves at least 6" above the floor and separate from soiled linen areas and chemicals.

EMPLOYEE AREAS

1. Dressing rooms and/or lockers provided. Lockers must accommodate maximum number of employees per shift. Location and facilities for dressing and locker rooms must be separate of food and equipment areas.

GARBAGE AREAS

1. Garbage and refuse containers, refuse bins and/or compactor systems located outside stored on/or above a smooth surface of nonabsorbent material such as sealed concrete. Wall surfaces must be sealed.
2. City zoning requirements concerning enclosure and screening must be met. Check with Planning Department for acceptable materials for the enclosure.
3. Refuse bins must have tight-fitting lids and be rodent and insect proof.
4. Provide recycling storage area.
5. Provide adequate space for garbage containers in kitchen.

INSECT/RODENT CONTROL

1. Doors to the restrooms and outside doors self-closing.

2. Rodent and insect control procedures installed [doors, door sweeps, air curtains and dock areas, wire mesh screens (no less than 16 mesh per inch)].
3. Insect lights and pest controls may not be located over or directly near food and equipment storage and handling areas.

BAR/LOUNGE AREAS

1. All food and beverage service equipment, including millwork, meets the applicable standards of the National Sanitation Foundation (NSF) or other approved certification agency. (See Equipment section).
2. Bar equipment installed so as to facilitate cleaning (legs, casters, etc.). No liquor or pop guns or lines located in or over potable ice.
3. Bars provided with separate HAND WASHING facilities, a dump sink, warewashing facilities, splash and spray protection, and properly located speed rails, drip trays and waste lines.
4. Adequate lighting available for cleaning in bar and dining room areas.
5. Adequate lighting over bar sinks and work areas.
6. Overhead glass storage and counter glass storage areas provided with protective shields. Foods and beverages must be protected from contamination. Ice bins and condiments must be covered.

MCIAA / Hennepin County Ordinance 24

A sign must be posted at all public entrances to the establishment stating that “no smoking” (in letters a minimum of half an inch in height) or the uniform no smoking symbol may be posted (symbol must be a minimum of three inches in height).



Periodic inspections will be made during construction. ***A final on-site inspection must be conducted BEFORE bringing in any food and single service items.*** The license application and appropriate fees must be submitted. All inspections (building, plumbing, heating, electrical, fire, and health) must be completed and the Certificate of Occupancy obtained prior to opening. Changes which occur without health approval may result in construction being denied or stopped.

APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW

RETURN TO: City of Minnetonka, Environmental Health Dept., 14600 Minnetonka Blvd.,
Minnetonka, MN 55345 Phone: (952) 939-8272 Fax: (952) 939-8244

Name of Facility			
Address of Facility			
Name of Owner			
Address			
Telephone		Fax	
Responsible Agent, if other than owner (plan review correspondence will be sent to this person)			
Name/Title			
Email Address			
Check Most Appropriate		<input type="checkbox"/> Operator <input type="checkbox"/> Contractor <input type="checkbox"/> Designer/Architect <input type="checkbox"/> Supplier <input type="checkbox"/> Other (Specify)	
Mailing Address			
Telephone		Fax	
Basic Facility Information		<input type="checkbox"/> New <input type="checkbox"/> Remodeled <input type="checkbox"/> Conversion	
Plan Review Fee <ul style="list-style-type: none"> • New 100% of license fee • Remodel 50% of license fee • Hazard Analysis Critical Control Plan (HACCP) \$150 		\$	
Service Type — Provide description of the basic type of food and beverage service and nature of operation			
Menu Information* — Type of food/beverage products involved, basic delivery information (sources): *attach a copy of the menu			
Employee Involvement — Provide information on the number and the category of workers anticipated, both total and per shift			
Projected Service Capacity			
Seating		Services	
Other (Specify)			
CONSTRUCTION	Anticipated State Date		Anticipated Completion Date

SIGNATURE OF APPLICANT: _____ DATE: _____

NOTE: FINAL APPROVAL OF THE PLAN REVIEW WILL NOT BE ISSUED UNTIL APPROVAL IS OBTAINED FROM THE FOLLOWING DEPARTMENTS:

Planning & Zoning, Fire, and Building (including Plumbing, Electrical, and Mechanical/HVAC)

Allow at least 10 working days from the time the complete plans and information are submitted for the plan review process. Structural work should not be initiated before the plans are approved.

