

SPECIAL EVENT FOOD STAND

2023 LICENSE APPLICATION

NO MORE THAN 10 DAYS OF OPERATION IN 2023

FOR OFFICE USE ONLY

License #: _____

Date issued: _____

License period:

From: _____

To: _____

Revenue code: 5219

ESTABLISHMENT INFORMATION (Please print or type)

Establishment name (dba) _____

OPERATOR / MANAGER

Name _____ Phone _____

OWNER INFORMATION

Business owner _____ Phone _____

Address _____

City _____ State _____ Zip _____

Business fax # _____ E-mail _____

BILLING ADDRESS

In care of: _____ Phone _____

Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

Name _____

Enter applicable information for the emergency contact; then check the best contact method for an emergency

Phone _____
 Cell _____

MENU AND FOOD PREPARATION

Complete the chart below for all foods and beverages to be served—add additional pages if needed.

Hot foods:	Purchased from:	Preparation location:	Equipment used to cook food:	Equipment used to keep food hot:
Cold foods:	Purchased from:	Preparation location:	Equipment used to prepare food:	Equipment used to keep food cold:

Include Any Additional Items Below or Attach an Additional Page

Attach a drawing showing the layout of the stand, including equipment placement.

FEE CALCULATOR – SEE NEXT PAGE OF APPLICATION

Event Details (Ex: Farmers Market, Rochester, Olmsted County Fairgrounds, 06/17/2023)

Event Name for Each Day	City/Town and Venue Location	Date(s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Fee Calculator - Mark All That Apply

Special event food stand fees are non-refundable

Checkmark Selection(s) Here	Number of Days	Fee
<input type="checkbox"/>	1	\$51
<input type="checkbox"/>	2-5	\$96
<input type="checkbox"/>	6-10	\$182
<input type="checkbox"/>	Late Fee *If application or payment is received less than 3 days before the event	\$30
		Total Due: \$ _____

AGREEMENT TO COMPLY

I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and Olmsted County. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

APPLICANT'S SIGNATURE _____ **DATE** _____

TITLE _____

If you have questions about license fees, contact Jennifer Cordry at (507) 328-7481

REQUIRED INFORMATION FOR THE MINNESOTA DEPARTMENT OF REVENUE

Under Minnesota law (M.S. 270C.72 Subd 4), the agency issuing you this license is required to provide the following information to the Minnesota Commissioner of Revenue upon request: business name, address, Minnesota Business Identification Number (also called Minnesota Tax ID Number), and Federal Employer Identification Number (FEIN).

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 (Olmsted County) will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

Business name	
Business owner (corporation or individual)	
Business owner's address	
Minnesota Business Identification Number	Federal Employer Identification Number

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

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. 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): <ul style="list-style-type: none"> <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) 		

I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and Olmsted County. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

APPLICANT'S SIGNATURE _____ **DATE** _____

TITLE _____