



OLMSTED COUNTY MINNESOTA

2024 Special Event Food Stand Application
(No more than 10 days of operation in 2024)

Olmsted County Public Health Services • 2100 Campus Drive SE • Rochester MN 55904
Main 507-328-7500 • Licensing 507-328-7481 • ehlicensingandbilling@olmstedcounty.gov

Establishment Information

Establishment name _____
Street _____ City _____ State _____ Zip _____
Phone _____ Email _____

Owner Information

Business name registered with Dept. of Revenue (LLC, Inc) _____
First name _____ Last name _____
Street _____ City _____ State _____ Zip _____
Phone _____ Email _____
MN Tax ID (7 digits) _____ FEIN Tax ID (9 digits) _____
or Social Security Number (if not registered) _____

Billing Address

Use business address
 Use owner address
 or list alternative mailing address below
First name _____ Last name _____ or Corporate Name _____
Street _____ City _____ State _____ Zip _____

Additional Contacts

Emergency Contact
First name _____ Last name _____ Phone _____ Email _____

Food and Beverage Preparation and Cooking Location

Do you use a commissary? Yes No
If yes, list location and attach agreement _____
If no, where do you prep, cook, and store your food and beverages? _____

A commissary is defined as a licensed food and beverage establishment used for preparation, cooking, storage, etc.

Note: Cooking, preparing, or storing food and beverage in a private home is prohibited.

Draw a diagram of the stand layout including handwashing and equipment placement.



License Limitations and Requirements

Stands, carts, and mobile food units that operate more than 10 days in Olmsted County within a calendar year are required to go through the Olmsted County plan review process prior to opening.

Questions about plan review? Email planreview@olmstedcounty.gov or call 507-328-7500 option 4.

Proposed Menu

Complete the charts below for all food and beverage to be served. Add additional pages if needed.

Hot Food and Beverages	Where do you buy the items?	Where do you prep and cook?	Equipment used to cook	Equipment used to keep food hot

Cold Food and Beverages	Where do you buy the items?	Where do you prep and cook?	Equipment used to prep	Equipment used to keep food cold

Special Event License Fee Schedule

Special event food stand fees are non-refundable. Circle your desired days of operation below.

Number of Days	Fee
1	\$51
2-5	\$96
6-10	\$182
I am applying for a pour-only exemption because I am only serving commercially pre-packaged beverages such as beer or wine with no garnishments. Subject to review by Environmental Health staff.	\$0
Late Fee (If application or payment is received less than 3 days before the first event)	\$30

Event Details: List each day (up to 10 days) that you will be operating. Include the location and the exact dates.

Day Number (maximum 10 days)	Event Name	Event City and Venue	Date(s)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Department of Revenue: Required Information

Every Licensee or Applicant is required to provide a “Social Security” or “Individual Taxpayer Identification” Number. It is considered private data and will be treated as such as required by law.

The Minnesota Data Practices Act at Minn. Stat. 13.04, Subd. 2, Tennessen warning, states: “An individual asked to supply private or confidential data concerning the individual shall be informed of: (a) the purpose and intended use of the requested data within the collecting government entity; (b) whether the individual may refuse or is legally required to supply the requested data; (c) any known consequence arising from supplying or refusing to supply private or confidential data; and (d) the identity of other persons or entities authorized by state or federal law to receive the data.”

Minnesota Statute 270.C.72, Subd. 4, stated that licensing authorities must require applicants to provide their Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. That information, as well as the name, address, business name and address of applicants, is made available to the Minnesota Commissioner of Revenue.

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. The Minnesota Department of Revenue, in accordance with the Federal Exchange of Information Act, may supply the information to the Internal Revenue Service.

YOUR APPLICATION IS INCOMPLETE IF YOU FAIL TO SUPPLY THIS INFORMATION.

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

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

I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

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

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.

Submittal Process

Documents required:

- Fill out and submit all 6 pages of this application along with any supporting documents
- Submit payment for all license fees made payable to Olmsted County Public Health Services

Submit application and fee by mail

Checks made out to:

Olmsted County Public Health Services
Attn: EH Licensing
2100 Campus Drive SE
Rochester MN 55904

Submit application and fee digitally

Email completed documents to Jenny Cordry at ehlicensingandbilling@olmstedcounty.gov.

Payment may be made via phone with credit or debit card at 507-328-7481.

Submitters signature

I declare that 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 Signature _____ Date _____

Applicant Name _____