

MOBILE FOOD UNIT/SEASONAL PERMANENT FOOD STAND SEASONAL TEMPORARY FOOD STAND/FOOD CART

NEW CONSTRUCTION OR REMODEL PLAN REVIEW APPLICATION

Unit/Stand information

Unit/Stand name _____

Unit/Stand address _____
Street City State ZIP

County _____ Business Phone _____

Mark all that apply

Private water Municipal water If private water, unique well # _____
 Private sewer Municipal sewer

Proposed date for start of operation _____

Submitter information

Submitter/co. _____

First name _____ Last name _____

Mailing address _____
Street City State ZIP

Contact phone _____ Cell phone _____ Email _____

Owner information (if different from submitter)

Owner/co. _____

First name _____ Last name _____

Mailing address _____
Street City State ZIP

Contact phone _____ Cell phone _____ Email _____

Building/company information (if different from submitter/owner)

Company name _____

First name _____ Last name _____

Mailing address _____
Street City State ZIP

Contact phone _____ Cell phone _____ Email _____

Transient food service definitions

Mobile food Unit - a food and beverage service which is a vehicle mounted unit, either motorized or trailered, operating no more than 21 days annually at any one place or is operated in conjunction with a permanent business at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.

Seasonal permanent food stand - a food and beverage service which is a permanent stand or building, but which operates no more than 21 days annually.

Seasonal temporary food stand - a food and beverage service stand which is dissembled and moved from location to location, but which operates no more than 21 days annually at any one location.

Food cart - a food and beverage service which is a non-motorized vehicle self-propelled by the operator. A commissary is required for food storage, water supply, disposal and cleaning.

Plan review fee schedule

The plan review fee is a separate fee from the license fee. After your plan review application has been reviewed and approved, you will receive a food license application from the Sanitarian noted in your approval report.

New construction

<input type="checkbox"/> Mobile food unit	\$350	\$ _____
<input type="checkbox"/> Seasonal permanent food stand	\$250	\$ _____
<input type="checkbox"/> Seasonal temporary food stand	\$250	\$ _____
<input type="checkbox"/> Food cart	\$250	\$ _____
Total plan review fee submitted		\$ _____

Remodel

<input type="checkbox"/> Mobile food unit	\$250	\$ _____
<input type="checkbox"/> Seasonal permanent food stand	\$250	\$ _____
<input type="checkbox"/> Seasonal temporary food stand	\$250	\$ _____
<input type="checkbox"/> Food cart	\$250	\$ _____
Total plan review fee submitted		\$ _____

Statement describing where the stand/unit will be operating

This must be completed in order to review your plan

Finish material schedule

Attach additional sheets if needed

FRP - Fiberglass reinforced panel QT - Quarry tile CT - Ceramic tile
 VCT - Vinyl composition tile SS - Stainless steel AL - Aluminum

Finish material schedule

Finish area	Walls	Ceilings	Floor/basecove
Example: MFU	FRP	AL	AL

Water heater Manufacturer _____ Size (gal) _____
 Fresh water tank Manufacturer _____ Size (gal) _____
 Waste water tank Manufacturer _____ Size (gal) _____

(Location of water heater, fresh water tank and waste water tank must be on the layout)

Equipment schedule

Attach additional sheets if needed

New equipment* - Submit **manufacturer specifications sheet** for each piece of new equipment.
Used equipment - List used equipment below. Photographs of used equipment suggested.

Equipment schedule

Item number (from plan)	Qty	Note if *new or used	Equipment	Manufacturer	Model
Example " 1"	1	used	Hand-washing sink	Company name	xx-x

Used or existing equipment will be field approved prior to installation by MDH.

Documents required for applying

- All 4 pages of this application
- Payment for all plan review fees made payable to **Minnesota Department of Health**
- Intended menu. Menus containing complex foods (temperature danger zone more than once) are not accepted.
- Easily readable layout to scale including:
 - location of equipment
 - location of sinks (handwashing, utensil washing, and if necessary food preparation)
- Information on hot water heater, fresh water tank and waste water tank
- Manufacturer specifications sheet for each piece of new equipment
- Floor, wall and ceiling material finishes or stand construction
- Cabinetry material and countertop finish information

For help filling out this application contact your District Office

Bemidji	218-308-2100	Metro	651-201-4500
Duluth	218-302-6166	Rochester	507-206-2700
Fergus Falls	218-332-5150	St. Cloud	320-223-7300
Mankato	507-344-2700		

Submit application/fee to

Make checks payable to Minnesota Department of Health

Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check pursuant to Minnesota Statutes, Section 604.113, subd. 2.(a). Additional civil penalties may be imposed for nonpayment.

Minnesota Department of Health
Food, Pools, and Lodging Services Section
PO Box 64975 - Plan Review
St. Paul, Minnesota 55164-0495

health.foodlodging@state.mn.us
651-201-4500
www.health.state.mn.us

06/05/2020

To obtain this information in a different format, call: 651-201-4500. Printed on recycled paper.