



# Human Services of Faribault & Martin Counties

"An Equal Opportunity Employer"

Faribault County Human Services Center  
County Office Building  
P.O. Box 217  
Blue Earth, MN 56013  
Ph. 507-526-3265  
Fax 507-526-2039

Martin County Human Services Center  
115 West First Street  
Fairmont, MN 56031  
Ph. 507-238-4757  
Fax 507-238-1574

## LICENSE APPLICATION FOR SPECIAL EVENT FOOD STAND

**Notice to all applicants:** Minnesota Statutes, section 270.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes section 176.182 also requires information regarding workers' compensation insurance. All data submitted in this application are public data, except the individual's social security number, which is private.

A *Special Event Food Stand* is a food service establishment which is used in conjunction with celebrations and special events, and which operates no more than ten total days within the applicable license period.

### Applicant/Owner Information:

Primary Owner Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Owner's Social Security # \_ \_ - \_ - \_ - \_ - \_ - \_ - \_ -

Designated Mailing Address \_\_\_\_\_  
Street/PO Box City State Zip

### Establishment Information:

Establishment Name \_\_\_\_\_

MN Business Tax Identification # \_ \_ - \_ - \_ - \_ - \_ (if applicable)

(Additional information is required on the back of this form.)

### Workers' Compensation Information:

Insurance Company Name \_\_\_\_\_

Designated Address \_\_\_\_\_

Policy # \_\_\_\_\_ Date of Coverage \_\_\_\_\_ through \_\_\_\_\_  
- or -

I certify that I am not required to carry workers' compensation liability coverage because:

- I am a sole proprietor or partner and I have no employees.
- I have no employees who are covered by the workers' compensation law. Note: Only employees exempt by statute (spouse, parent and children) are not covered by the workers' compensation law.
- I represent a nonprofit association which does not pay more than \$1,000 in salary or wages in a year.

**Fees:**  Special Event Food Stand Fee: \$50  
 Non-Profit Organization \$40 **Total Fee:** \_\_\_\_\_

Make checks payable to: **Human Services of Faribault and Martin Counties.** Notice: The issuance of a dishonored check to this department will require a service charge of \$20.00 per check as in Minnesota Statutes, section 332.50.

I certify that the information provided on this application is accurate and complete:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use:

Insp. Initials: \_\_\_\_\_  
Date: \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
License # \_\_\_\_\_  
Cash: \_\_\_\_\_

**Event Information**

Name of Event #1: \_\_\_\_\_  
Location: \_\_\_\_\_  
Event Site City County  
Date(s) of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Name of Event #2: \_\_\_\_\_  
Location: \_\_\_\_\_  
Event Site City County  
Date(s) of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Name of Event #3: \_\_\_\_\_  
Location: \_\_\_\_\_  
Event Site City County  
Date(s) of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Complete the following information. *Note: If the menu will vary from one event to another, or if a stand will be operated at different locations, please submit the following information for each event.*

1. List all food and beverages which will be served at this stand and include their sources.

2. List equipment used to cook and maintain food at or above 150°F (hot foods):

3. List equipment used to maintain potentially hazardous foods at or below 40°F (cold foods):

4. What facilities will be provided for handwashing purposes?

5. Describe the facilities and procedures used for dishwashing.

6. What is the source of water for this stand? Indicate if hoses or containers are used for transporting water.