



Minnesota Department of Health
 Food Manager Certification
 Food, Pools & Lodging Services Section
 625 Robert Street North
 P.O. Box 64495
 St. Paul, MN 55164-0495
 651-201-4500



www.health.state.mn.us/divs/eh/food/fmc/applications.html

**MINNESOTA FOOD MANAGER CERTIFICATION
 RENEWAL APPLICATION**

Minnesota Food Manager Certificate # FM _____
 Certificate Begin Date: _____
 Certificate Expiration Date: _____

<p>For Office Use Only:</p> <p>Date Received: _____</p> <p>Amount: \$ _____ Check #: _____</p> <p>Approved: Yes _____ No _____</p>

INSTRUCTIONS

- Please complete all required information
- Complete the Food Safety Continuing Education information on the reverse side of this form
- Attach a copy of each Food Safety Continuing Education certificate
- **Include a non-refundable \$35 Food Manager re-certification fee made payable to the Minnesota Department of Health.**
DO NOT SEND CASH
 Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check as stated in Minnesota Statutes, section 604.113, subd. 2 (a). Additional civil penalties may be imposed for nonpayment.
- Sign and date renewal application and submit application to the above address

Applicant Information: (required)

Name: _____

Social Security Number: _____ - _____ - _____

Mailing Address: _____

_____ (City) _____ (State) _____ (Zip)

County: _____ Contact Phone Number: _____

Before mailing, check to be sure that your application materials include the following:

- ___ 1. Completed and signed application form (signature on back page)
- ___ 2. Copy of your continuing education certificate
- ___ 3. Check or money order made payable to the MDH for \$35

PLEASE COMPLETE THE REVERSE SIDE OF THIS RENEWAL

Food Safety Continuing Education Information

A COPY OF YOUR CONTINUING EDUCATION CERTIFICATE IS REQUIRED

Please provide documentation of successful completion of at least four contact hours of continuing education within the 36 months directly preceding submittal of the renewal application. The continuing education certificate must include:

- (1) the name, address, and telephone number of the person providing the continuing education;
- (2) an agenda and course outline, or other material that demonstrates that the course addressed food sanitation and safety or emerging trends in food preparation and handling, sanitation, or the prevention of foodborne illness;
- (3) the number of hours of instruction; and
- (4) the dates and location of the continuing education.

Employment Information: (Please fill this in only if you work at a food establishment)

Establishment Name: _____

Establishment Address: _____

(Street/P.O. Box)

(Apt #)

(City)

(State)

(Zip)

County: _____

Work Telephone No.: _____

Establishment License Number (if known) _____

Type of Establishment:

Bakery

Restaurant/Fast Food

Hotel/Motel

Bar

School

Convenience Store

Specialty Food Market

Day Care

Camps

Grocery Store

Catering

Other (please describe): _____

Notice to individuals applying for Food Manager Certification in the State of Minnesota:

The commissioner of health will use information provided in this application to determine if you meet the requirements for food manager certification. Other than the social security number, you are not legally required to provide the requested information. However, submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your certificate, if it is issued. Failure to provide required information may delay the processing of your application or may be grounds for denying your application. Under Minnesota Statutes, section 13.41, information you provide on this application, except for your name and address, is private data while pending. However, in circumstances authorized or required by law, it may be disclosed to others, including the Attorney General's Office, the Department of Revenue, and persons contacted for purpose of verification or investigation. If the matter of your certification becomes contested, the information submitted in this application may become public. Once you are certified, the information, except for your social security number, becomes public data and will be part of the agency's permanent files.

In accordance with the Americans with Disabilities Act, an alternative form of communications is available upon request. To request this application in another format, call 651-215-0700, T.D. 651-215-0707 or for Greater Minnesota through the Minnesota Relay Service at 1-800-627-3529 and ask for 651-215-0700.

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

Signature: _____ **Date:** _____