

NEW CONSTRUCTION OR REMODEL PLAN REVIEW APPLICATION

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

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



Submit to MDH 30 days before Construction Begins

UNIT/STAND INFORMATION

Unit/Stand Name:		
Establishment Address:		
Location - City:	County:	Business Phone:
Website:		

SUBMITTER INFORMATION

Submitter Name:		
Mailing Address:		
City:	State:	ZIP:
Contact Phone:	Cell Phone:	Fax:
Email:		

OWNER INFORMATION (If different from submitter)

Owner Name:		
Mailing Address:		
City:	State:	ZIP:
Contact Phone:	Cell Phone:	
Email:		

BUILDER/CONTRACTOR INFORMATION (If different from submitter/owner)

Builder/Contractor Name:		
Mailing Address:		
City:	State:	ZIP:
Contact Phone:	Cell Phone:	Fax:
Email:		

Proposed date for start of operation:	
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PERSON LICENSE APPLICATION SHOULD BE SENT TO (check one)

<input type="checkbox"/> Submitter	<input type="checkbox"/> Owner
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TRANSIENT FOOD SERVICE DEFINITIONS

Mobile Food Unit – a food and beverage service which is a vehicle mounted unit, either motorized or tailored, 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. Food carts licensed under this category must be certified to NSF Standard No. 59. A commissary is required for food storage, water supply, disposal and cleaning.

Variance – A variance from some parts of Minnesota Rule 4626 may be applied for.

PLAN REVIEW FEE SCHEDULE FOR NEW CONSTRUCTION

Check appropriate box(es)

- Mobile Food Unit \$350 _____
- Seasonal Permanent Food Stand \$250 _____
- Seasonal Temporary Food Stand \$250 _____
- Food Cart \$250 _____

Total Plan Review Fee Submitted \$ _____

Note: Plan review fees cannot be refunded after review has started.

PLAN REVIEW FEE SCHEDULE FOR REMODEL OR ADDITON

Check appropriate box(es)

- Mobile Food Unit \$250 _____
- Seasonal Permanent Food Stand \$250 _____
- Seasonal Temporary Food Stand \$250 _____
- Food Cart \$250 _____

Total plan review fee submitted \$ _____

Note: Plan review fees cannot be refunded after review has started.

DESCRIPTION OF PROJECT

Empty box for project description.

For Office Use Only

Inspector Initials: _____

Check Number: _____

Plan Number: _____

DOCUMENTS REQUIRED FOR APPLYING

- All 5 pages of this application.**
- Payment for all *plan review fees** made payable to: *Minnesota Department of Health*
- Intended menu. Menus containing complex foods (foods that go thru the temperature danger zone more than once) are not accepted.
- Easily readable layout to scale indicating location of:
 - all equipment; and
 - sinks;
 - handwashing,
 - utensil washing; and
 - if necessary food preparation.
- Information on hot water heater, fresh water tank and waste water tank.
- Manufacturers' specification sheets for each piece of equipment.
- Floor, wall and ceiling material finishes or stand construction.
- Cabinetry material and countertop finish information.
- A statement about where the stand or unit will be operating.

**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. Submit the food license application and fee to MDH to receive your establishment license.*

Mail or deliver all pages of this application, paperwork and correct fee to MDH using appropriate address below.

ADDRESS FOR MAILING	ADDRESS FOR COURIER DELIVERY
Minnesota Department of Health Food, Pools and Lodging Services Section P.O. Box 64975 - Plan Review St. Paul, Minnesota 55164-0495	Minnesota Department of Health Orville L. Freeman Building 625 North Robert Street St. Paul, MN 55155

FOR HELP FILLING OUT THIS APPLICATION PLEASE CONTACT YOUR DISTRICT OFFICE

Bemidji District Office Phone: 218-308-2100	Fergus Falls District Office Phone: 218-332-5150	Metro District Office Phone: 651-201-4500	St. Cloud District Office Phone: 320-223-7300
Duluth District Office Phone: 218-302-6166	Mankato District Office Phone: 507-344-2700	Rochester District Office Phone: 507-206-2700	
FAX: 651-201-4572 (Metro District Office)			

If you require this document in another format, call 651-201-4500.

Rev 4/05/2013



Food, Pools and Lodging Service Section
Plan Review
P.O. Box 64975
St. Paul, Minnesota 55164-0975
651-201-4500 or fax: 651-201-4572

FRP – Fiberglass Reinforced Panel
 QT – Quarry Tile
 CT – Ceramic Tile
 VCT – Vinyl Composition Tile
 SS – Stainless Steel

TEMPORARY FOOD FINISH SCHEDULE

Finish Area	Walls:	Ceiling:	Floor & Basecove:
<i>(Example):</i>	FRP	Aluminum	Aluminum

Water heater: Manufacturer _____ size (gal) _____

Fresh water tank: Manufacturer _____ size (gal) _____

Waste water tank: Manufacturer _____ size (gal) _____

Note: The location of water heater, fresh water tank and waste water tank must be on the layout.